Two Clinical Lectures ON STRICTURE OF THE URETHRA.

Delivered at University College Hospital,

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LECTURE II.

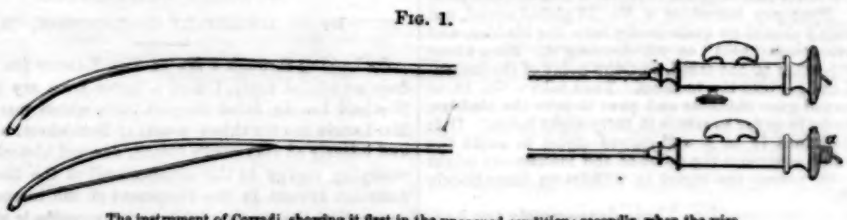
GENTLEMEN,—The mechanical modes of overcoming a narrow and contractile stricture when dilatation has proved insufficient may be for the most part regarded as of two kinds—rupture or forcible distension of the opposing tissues by power exerted from within outwards; or division by a knife in some form, and applied generally within the urethra, occasionally from the external surface.

The method by rupture introduced by Mr. Holt has been largely employed for the treatment of strictures of various degrees of severity. It is an operation generally involving but little risk, although it has been sometimes followed by fatal consequences. My principal objection to it is, that the benefit obtained is certainly not very enduring in severe cases of stricture, and it is for such only that operative measures are necessary.

I cannot say much more for the forcible "over-distension" proposed by myself, and now practised much and, as would appear, successfully in America. By both these methods an admirable result is achieved at once, and the former method especially is so simple in execution that it can be applied by an almost unpractised hand. I am not at all certain, however, that it is an advantage to the patient that an operation should be so easily applicable by an inexperienced practitioner. The consequence has been, and not so very seldom, that the operation has been performed, owing to such inexperience, on patients for whom no operation of any kind was ever necessary.

Another very ingenious method of combining in some sort this power and that of dilatation has recently been devised by my friend Dr. Corradi, formerly of Florence, now of Rome. I place his instruments before you. They obtained for him the award of the last Argenteuil prize at Paris, and on this ground, if on no other, demand our consideration. The operating instrument consists of what appears to be a small silver catheter, in size about No. 1 and 2 of our scale, which is introduced through the stricture. A screw in the handle is then turned, and a strong wire issues laterally from the lower third of the instrument, forming the chord of an arc with the curved portion, and so distending or partially penetrating, not exactly by incision, for the wire is not sharp enough, into the hard tissue of the stricture in which it lies. (See Fig. 1.) When the

FIG. 1.



The instrument of Corradi, showing it first in the unopened condition; secondly, when the wire has been made to issue from the interior to the full extent.

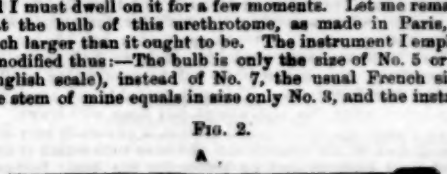
operator has exerted as much force as he deems sufficient he turns the screw in the reverse direction, and so permits the wire to return into the body of the instrument. He then passes a bougie to verify the amount of room gained, and continues the treatment either by simple dilatation, or assisted by additional applications of the distending instrument. We will try this in the wards, and you shall see the result. Extremely ingenious as both the idea and the manner of realising it are, my theoretical objection at present is, that it will irritate without dividing an old and hard contraction of the urethra. A stricture which is recent and not dense and resisting, this method will dispose of, I believe, at once; but then these strictures present no difficulty to any judicious treatment, while the operation which we are seeking, and the only one we want, as I told you before, is one which shall best relieve the very worst forms of the disease. However, we will give Corradi's beautiful instrument a fair trial, and speedily.

Now for the most severe forms of stricture—those in which, after a duration of many years, the constituent tissues are so tough and so resilient that the mere introduction of a bougie only augments the patient's symptoms—I have found nothing so efficient, so safe, and so certain as internal urethrotomy. I by no means say any kind of urethrotomy. Anything short of complete division of the hardened tissue is not efficient. Over-distend these strictures, or tease them with dilatation in any fashion, and they are rendered more than ever unmanageable, and you only provoke an attack of rigors, and sometimes prolonged constitutional disturbance of a severe kind. For this operation we have numerous instruments and systems to choose from; their name is legion. Modification after modification has been made of the earlier forms of urethrotomes, both by instrument makers and by surgeons, with the view of accomplishing more perfectly the original design, which is that of ability to divide easily, and more or less freely, the hardened tissue.

One of those early forms I still prefer, that of Civiale. I do so on account of its extreme simplicity. With but little of mechanism, it responds like a scalpel to the hand. In fact it is merely a long-handled knife, with a delicate little blade, which being passed, sheathed, to the other side of the stricture, is then unsheathed and drawn through it; and the extent, whether of depth or length, of the incision is regulated with ease and accuracy according to the will of the operator. This, in my opinion, is far better than a machine which makes a certain incision mechanically, and is not controlled and guided by the intelligence of the surgeon.

The method of performing it is as follows:—First, you will ascertain by measurement precisely where the stricture is; its distance from the external meatus. Secondly, you must ensure that the stricture is, at the time of the operation, sufficiently patent to admit the bulb of the urethrotome to be passed through it. This is an important point, and I must dwell on it for a few moments. Let me remark that the bulb of this urethrotome, as made in Paris, is much larger than it ought to be. The instrument I employ is modified thus:—The bulb is only the size of No. 5 or 4½ (English scale), instead of No. 7, the usual French size. The stem of mine equals in size only No. 3, and the instrument is at least one inch and a half shorter (see Fig. 2). Now as the stricture which you have to treat probably admits only No. 1, or 2 at the most, it is necessary to tie in a

FIG. 2.



Urethrotome described in the text. The upper figure shows it closed, the lower open.

small gum catheter for two or three days or more previously, so as to dilate it temporarily, which is always practicable, and bring the stricture to the requisite size for admitting the bulbous end of the urethrotome to pass through it. However contractile the stricture may be—that is, liable to narrow speedily after dilatation, you can always thus temporarily dilate it for our purpose. Of course, if the stricture in question were susceptible of *durable* relief by dilatation, it would be unnecessary to do more, and you would not think of dividing it. Having then arrived at a calibre of No. 4 or 5, by tying in, I prefer to give the patient chloroform. I then withdraw the inlying catheter, and at once pass carefully the bulb of the urethrotome through the stricture, which usually requires a little gentle pressure and management, when the little bulb is felt free and movable in the urethra on the further side. In this situation I make the blade project to the requisite extent by means of the simple mechanism in the handle which I show you, and, directing the edge to the floor of the urethra, press it firmly there and draw it boldly outwards, so as to make an incision, say, an inch and a half or two inches in length, and by this means divide all the thickened tissues which constitute the stricture. You feel them sometimes offering much resistance. Take my word for it, you need not fear freedom of incision. I never saw any serious harm of any kind produced, although I have seen less success resulting than I desired when I have not sufficiently divided the stricture, as may have been the case in some of my earlier experiences, and have so left a fibre or two uncut. But I have never had occasion to regret a free and complete division. Next you introduce a No. 13 plated sound, not conical, which should go quite easily into the bladder, and not be in the least "held" on withdrawing it. Keep along the upper portion of the canal, and the point of the instrument will not get into the incision. Then take a No. 11 or 12 well-curved gum catheter and pass it into the bladder, tying it there in order to retain it forty-eight hours. It is best to introduce it on a well-curved stylet to avoid the wound, which otherwise the point of the instrument might get into. Of course the stylet is withdrawn immediately afterwards.

Now in all the operations I have done—nearly two hundred in number—I have never seen any bleeding to signify. Sometimes only a few drops appear. On two occasions I have had some extravasation of urine when the catheter became displaced, but not nearly so bad as I have seen following "rupture"; and once only an abscess has followed. And you yourselves can also form a judgment to some extent of these questions, since you must have seen at least twenty cases of this operation in the wards during the last twelve months. Once only have I seen a death after it, and that was in one of the worst cases of old and unrelieved disease which we have ever seen, in one of my wards, about a year and a half ago, in which I used it as a forlorn hope.

It is not uncommon to have an attack of fever, which also happens not unfrequently after the use of the lithotrite, but it is by no means the rule. It appears, if at all, after the withdrawal of the inlying catheter; the first time the patient passes his urine a drop perhaps enters what remains of the incision, and he has a rigor in an hour or two's time, and that is all. To avoid this as much as possible I always adopt the following plan: I withdraw all the urine, of course, when removing the catheter, forty-eight hours after the operation; order the patient a hot hip-bath for fifteen minutes, and send him back to bed to be well covered up, with instructions not to pass water until he feels a manifest desire. This will probably not occur until six hours after the instrument has been withdrawn. He then stands up, makes a full stream, is generally very much astonished at its volume and the ease with which it flows, and goes back to bed as before for the day. Following these precautions, you may hope he will escape the rigor; but if not, you know, at all events, that there is no risk and no ground for anxiety. Sometimes—but this is quite exceptional—the fever is somewhat more severe and prolonged. The subsequent treatment may be briefly sketched: On the fourth day after the operation pass a conical French bougie with a large bulb, so as not by any means to open the little wound. If the point is felt in the slightest degree to encounter an obstruction, withdraw it and pass a well-curved gum-elastic instrument, which is not conical; the former, however, usually suffices. Again in three or four days, and Nos. 11 and 12 mostly pass with considerable ease. After this once a week, and the patient will pass the instrument himself at increasing intervals, ultimately arriving at, say, once a month.

This operation gives, I believe, more lasting results than any other. You have seen me perform it for cases which have experienced every known treatment, and have become as bad as ever. I do not claim for it the removal of organic contraction—that is impossible. The treatment has yet to be devised which will remove absolutely and for ever the occurrence of recontraction in a patient once the victim of an organic stricture.

A few words relative to strictures within two or three inches of the external meatus. As a rule they are very non-dilatable, and the best treatment is incision. They are close to the hand, and nothing is easier than to divide the obstruction by means of a small bistourie cachée. No doubt one reason why they are so little acted upon by the simple bougie is that the urethra here is so little surrounded by spongy tissue, and so much by firm fibrous tissue, that there is really less room for dilating, and less of that soft tissue which exists so abundantly around the bulbous portion. The operation in question is so simple as not to require further illustration here, and the rules I have laid down for the performance of internal urethrotomy may be held as applying in these cases also.

LUNACY STATISTICS.

BY C. LOCKHART ROBERTSON, M.D.

ON looking through a file of THE LANCET (on my return from an official tour), I find a letter from my friend Mr. Northall Laurie, dated August 26th, which merits notice. Mr. Laurie has for thirty years, at Bethlehem, at Hanwell, and latterly at Hayward's Heath, devoted himself with unwearying energy to the advancement of the English non-restraint system in the treatment of the insane, and any suggestion the result of his varied experience merits most respectful attention on our part.

In this letter Mr. Northall Laurie raises a question as to the method of calculating the percentage of cures employed in the tables of the Medico-Psychological Association now in use in all the English and Scotch, as also in many of our colonial, asylums. As a member of the statistical committee of the Medico-Psychological Association which drew up the tables in question, perhaps I may be allowed a few lines to solve Mr. Northall Laurie's difficulty.

Three methods have been used in calculating the percentage of cures in asylums. It has been taken upon—1. The discharges. 2. The average number resident (the mean population). 3. The admissions.

1. *The percentage of cures on the discharges.*—This method was recommended by Mr. Farr,* but it has for many years been disused in any asylum report. The mortality being the same on any series of years, the discharges would be the true divisor for calculating the percentage of cures provided the patients remaining would be discharged in the same proportions as those already discharged. But this, we know from experience, will not be so. The patients remaining gradually form a mass of incurables who die, but do not recover; and hence the percentage of cures, if calculated on the discharges, gives in a series of years a decreasing ratio leading to very incorrect conclusions—for example, when a new asylum is compared with one of many years' standing.

2. *The percentage of cures on the mean population.*—This method (which Mr. Northall Laurie advocates) takes the duration of treatment into account; and if the period of residence in different asylums were the same, it would be the most accurate method of calculating the cures. As, however, this is not the case, any results obtained by this method of calculation would also lead to erroneous comparisons. Nevertheless, if Mr. Northall Laurie desires to make such comparison, tables 1 and 2 of the series afford him all the necessary data. In these we give the mean

* "On the Mortality of Lunatics," quoted by Dr. Thurnam, Statistics of Insanity, p. 7.

population both of the year and of the whole period during which the asylum has been in work; and his divisor being thus found, Mr. Laurie may at once calculate the percentage of cures at Hanwell, or at any other asylum using our tables, in this the method of his choice.

There remains only the third process of calculation, by taking the proportion of recoveries on the numbers treated, i.e., on the admissions, the method used in the tables of the Medico-Psychological Association.

3. *The percentage of cures on the admissions.*—We are led to this method by the failure of the two former to give us any accurate basis of comparison. The percentage of cures on the admissions is only a technical way of saying that we thus show the percentage of cures on the total numbers sent to us for treatment.

As Mr. Laurie, in his illustration from the figures at Hanwell, 1871, well shows, no correct data can be gathered from the experience of one year, but taking the numbers admitted into our asylums in a series of years, it will be found that the number of admissions is the best divisor to enable us to present, in the form of percentage, the result of our treatment as regards the cures:—"In order (writes Dr. Thurnam) to ascertain the *precise proportion* of recoveries under a given system of treatment, or in any particular asylum, the numbers *admitted* must be the same as those *discharged* when the treatment is completed. Such an observation, however, could only be afforded by an institution which ceased receiving any fresh patients, and continued in operation until the recovery, or removal by death or otherwise of its last inmate, a method of observation which we need not waste time by farther alluding to. *It is sufficient that we should be aware that the true percentage of recoveries is one which, differing in institutions in different degrees, is intermediate to that calculated on the admissions and that calculated on the discharges.*"*

In further illustration of this view of the question, I may add that in the Statistics of Bethlehem, presented to the Court of Governors by the late Sir Charles Hood in 1855, and ordered by them to be printed and circulated, this method of calculating the percentage of cures on the admissions is throughout the report assumed by Sir Charles Hood, without discussion, to be the correct process. Mr. Northal Laurie, as a leading member of the Bethlehem Committee and of the Court, officially assented to this publication.

In order to furnish Mr. Northall Laurie with an illustration of my argument I may add to these remarks the following table:—

Table showing the Percentage of Cures at the Hanwell and Hayward's-heath Asylums during the decennium 1861 *to* 1870.

Years.	Hanwell. Percentage of Cures.			Hayward's-heath. Percentage of Cures.		
	Calculated on the discharges.	Calculated on the mean population (Mr. Northall Laurie).	Calculated on the admissions (The Medico-Psychological Association).	Calculated on the discharges.	Calculated on the mean population (Mr. Northall Laurie).	Calculated on the admissions (The Medico-Psychological Association).
1861	30·0	6·11	21·1	27·3	6·92	17·1
1862	34·9	7·87	29·9	34·0	6·23	23·2
1863	37·7	7·88	28·9	26·6	6·51	39·5
1864	30·1	7·58	31·6	25·0	5·07	17·9
1865	31·0	6·75	24·0	28·7	6·49	26·6
1866	33·8	6·32	30·9	33·4	7·86	26·4
1867	29·6	5·90	29·6	30·4	7·55	25·9
1868	31·6	5·55	35·8	42·8	7·79	25·0
1869	30·5	5·53	29·5	35·2	7·04	36·0
1870	35·4	6·13	27·3	48·8	9·02	36·7
Average ...	32·4	6·58	28·8	33·2	7·40	27·4

Hayward's-heath.

THE RELATIVE FREQUENCY OF DISEASE BETWEEN THE RIGHT AND LEFT SIDES OF THE HEART;

DEGENERATION OF THE HEART, ITS CAUSES AND MEANS OF AVOIDANCE.

BY CORNELIUS BLACK, M.D. LOND., M.R.C.P.,

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(*Continued from p.* 760.)

THE TREATMENT OF THE DIFFERENT FORMS OF HEART DISEASE ALREADY CONSIDERED.

THE particular diseases of the heart which have already been considered may come under the care of the medical attendant at any stage of their course. Where the disease is limited to the left side of the heart, the case may chance to fall under the care of a physician immediately after recovery from an attack of rheumatic endocarditis. If so, the heart's action will invariably be found to be quick, irritable, and remarkably impressible to the slightest excitant. Even under perfect repose it is quicker than natural. Under the least exciting cause, whether mental or physical, the rapidity of the heart's contractions is far greater than the cause itself could possibly produce under ordinary circumstances. There are three reasons for this rapid action of the heart. The first is, the more than ordinary quantity of uric acid yet remaining in the blood; the second, the hyper-sensibility of the endocardium produced by the inflammation through which it has recently passed; and the third, the general debility arising out of the previous attack.

The explosion of acute rheumatism in the joints and in the heart has carried off the great bulk of the uric acid, but it has not entirely cleansed the blood of this morbid element. Sufficient yet remains behind to act the part of an irritant to the hyper-sensitive structures of the heart, and in this way to maintain for a time an increased frequency of action of that organ. The first element of treatment in

* Statistics of Insanity, p. 12.

such a case is, to promote the elimination of uric acid from the blood, and to allay the inordinate sensibility of the endocardium.

To eliminate the yet remaining uric acid it must be combined with something which will render it very soluble, and direct it to the kidneys. The alkalies have this property, and of these potash forms the most soluble, and therefore the most suitable, salt. But potash must not be exhibited in combination with any element which, when liberated in the system, will act the part of an irritant. Iodine is both an excitant and an irritant, therefore iodide of potassium must not be given at this particular period of treatment. The potash salts to be used are the carbonate, bromide, citrate, acetate, tartrate, nitrate, and chlorate, together with the ordinary solution of potash. These salts ought not to be administered in large doses, but in doses of from five to ten grains two or three times a day. It is very probable that alkalies were freely administered during the acute attack. It may be that they were given in doses somewhat heroic, and that they have already achieved all that such doses are calculated to effect. By the time they have thus effected their object the body has been much attenuated, and the blood is greatly impoverished. This condition is at once recognised in the wasted tissues of the body, in the delicate pallor of the general surface as compared with the natural hue of health, in the faded colour of the lips, and in the pearly appearance of the sclerotica. If, in this condition, the large doses of potash were continued, or, if not previously given, if they were now to be administered, the potash would act upon the fibrinoid and albuminoid constituents of the blood, effect their transformation into leucine and tyrosine, and thus deprive the tissues of their pabulum for growth. That which is intended for the nourishment of the body would be diverted from its original destination, and, as leucine and tyrosine, it would appear in the urine, instead of entering into the formation of the flesh and other structures. This fact, therefore, counsels the exhibition of small doses only of potash at this particular period.

When, from the fall of the pulse, it may be inferred that the excitability of the heart has subsided, and that the excess of uric acid has been eliminated from the blood, the time has arrived when iodide of potassium may, if necessary, be exhibited. The object sought to be obtained by its exhibition will be the absorption of inflammatory exudation which is already crippling, or which may hereafter cripple, the heart in the discharge of its natural duties.

To allay the hyper-sensibility of the endocardium, the most effective agent is *digitalis*. This, exhibited in doses of five or eight drops of the tincture three times a day, very soon reduces the frequency of the heart's action, and brings it within the ordinary range of health. It is important to effect this object, because excess of action would lead to one of two results—to exhaustion and dilatation of the heart, where the blood is so impoverished that it cannot furnish the necessary materials for growth; to hypertrophy, where those materials are in sufficient quantity to serve the ordinary purposes of nutrition.

As soon as the number of the heart's contractions has been reduced to that of health, the digitalis ought either to be discontinued, or to be given in smaller doses and at longer intervals. If, after the fall of the pulse to its natural standard, the digitalis were continued in the same dose and at the same intervals as before, sudden death might possibly occur. I have never seen death produced by this drug; but I have again and again observed headache, faintness, sickness, extreme pallor of the countenance, muscular tremor, and mental alarm follow its prolonged exhibition. Death, however, has been known to occur suddenly from its continued use. Death thus suddenly induced was formerly ascribed to the *cumulative effect* of digitalis in paralysing the muscular fibre of the heart; but it is now more generally referred to the very opposite condition of that fibre—to a clonic contraction of the left ventricle, which at once arrests the flow of blood to all parts of the body. Under either explanation the result is the same. The supply of blood to the brain is suddenly cut off; its vessels instantly push forward their blood into the venous capillaries; they then collapse; the patient dies. This emptying of the capillaries after the cessation of the heart's action is beautifully illustrated in the circulation of the newly-hatched fish. Fixed in a glass trough beneath the microscope, the failing energies of the heart may be watched until they entirely cease. For some thirty or forty seconds after the heart has ceased to beat, the capillaries can be seen contracting and pushing forward their blood into the veins until the tissues become perfectly colourless, and the vessels themselves can no longer be distinguished from the surrounding structures. Analogy teaches that what occurs in the fish occurs also in the human subject. Given, then, the arrest of the circulation at the left heart, the arterial capillaries will continue to contract until they have completely emptied themselves of their blood. Hence, after death from this drug, we should expect to find collapse of the arterial capillaries; distension of the venous capillaries of the general system and of the lungs; distension of both auricles, but not of both ventricles, if it is true that death begins here by clonic contraction; but if such is not the case—if death is owing to paralysis of the heart—then we should expect both ventricles also to contain more or less blood, as is invariably the case in the single ventricle of the fish when it dies by asthenia under the microscope.

I am not prepared to assert positively which of these two explanations of the mode in which digitalis kills is the correct one; but the extreme pallor of the countenance, the small feeble pulse, the faintness, the giddiness, the nausea, the sense of extreme debility, the muscular tremors, and the apprehension of mind, which occasionally supervene on the continued use of this drug, are certainly more indicative of a paralysing tendency than of a tendency to clonic contraction.

If the view that digitalis kills by paralysis of the heart is correct, how then, it will be asked, does it regulate the action of the heart by substituting *forcible* contractions for *feeble* ones—how, in short, does it convert a feeble action of the heart into a healthy contraction? The answer is, that digitalis acts by diminishing the sensibility of the nerves of the heart; that it, in consequence, reduces the number of the heart's contractions within a given time, and that it thereby gives the heart more rest, which is equivalent to power, because by rest comes refreshment, a renewal of energy, an increased capability for the manifestation of muscular force. In organic disease of that organ requiring treatment, there is always a hyper-sensibility of its nerves, and, consequently, an increased frequency of action. Digitalis is given; this hyper-sensibility is diminished; the heart is rendered less sensible of the presence of blood in its cavities; it contracts less frequently in consequence. Continue the digitalis, and you continue to diminish the sensibility of the heart; you at length abolish its sensibility entirely; and the heart, failing in consequence to recognise the presence of blood in its chambers, ceases to contract, and the patient dies. The heart may be slept to death by digitalis, as the brain and nervous system may be slept to death by opium. I must, for these reasons, confess that the old view of the action of digitalis upon the heart finds more favour with me than does the more recent view of its action. Hence my belief is, that when digitalis kills, it kills by paralysis of the heart, and not by exciting a contraction of the ventricles which knows no relaxation except in death.

In all affections of the endocardium of the left side of the heart arising out of inflammation, digitalis will be found a valuable remedy at some period of their course. In such cases its use is specially indicated when the heart's action is quicker than natural. This statement is made despite the doctrine which forbids the employment of digitalis where the aortic valves are incompetent. The reason assigned for the objection to its use in this valvular lesion is, that digitalis, by deadening the sensibility of the left ventricle, might cause the latter not to take cognisance of the falling back of the blood from the aorta into its cavity sufficiently quickly to prevent itself from being overwhelmed by the reflux of blood, and the vessels of the brain from being deprived of the necessary quantity of blood to maintain the functions of the nervous system. In other words, the left ventricle might be taken by surprise, and might be overwhelmed by the falling column of blood through the aortic valves, and the supply of blood to the brain might in consequence be suddenly cut off. When the action of the heart is quicker than natural, there is no danger whatever of this occurrence from the exhibition of digitalis in this incompetent condition of the aortic valves. The safe rule to be observed, both for its employment and for its discontinuance,

is to give it when the heart's action is increased in frequency, to withdraw it when that action has become natural. If it were continued after the heart's action has been reduced to its natural condition, the sensibility of the endocardium might become too much deadened to take proper cognisance of the presence of blood in the ventricle, and the evil in question might then arise. Employed, however, under the precautions which I have named, digitalis may be given in aortic valvular incompetency with as much benefit and as much safety as in any other lesion of the heart.

To aid the means already stated for reducing the increased action of the heart, the general debility caused by the acute rheumatism will require consideration in the treatment. As the power of the body is wasted by disease, the nervous system becomes more excitable, quicker to receive an impression, quicker to reflect it. The power to accomplish is not equal to the incitement to act, irritability exceeds contractility; the heart, therefore, puts on increased frequency of action to compensate for the want of power. To meet this necessity, a judicious use of tonics, good food, free ventilation, and passive exercise in the open air are required.

It will often happen to those who are accustomed to treat heart disease to be called to a case like the following:—The patient, between forty and sixty years of age, suffered in early life from rheumatic endocarditis, and has now suffered for some time from mitral and tricuspid incompetency, with hypertrophy of the ventricles. Upon this condition of the heart general dropsy has supervened within the last three or four days. The skin is somewhat hot and dry; the face red or bluish-red, and bloated; the eyes are more or less injected and partially suffused with tears; the lips, tongue, and buccal membrane blue; the breathing is quickened, lifting, and wheezing, and there is cough, with, perhaps, a very scanty expectoration of frothy mucus. The heart's action is hurried, irregular, unequal, and laboured, now manifested by two or three rapid contractions, brought up by a distinct jog, followed by a pause; next by two or three rhythmical contractions, followed by a distinct intermission; then by a repetition of the quick, short, irregular contractions—jog—pause! In addition to the auscultatory signs of diseased and incompetent mitral and tricuspid valves, there are epigastric pulsation and regurgitation into the external jugulars. These veins, full, tense, and throbbing, stand forth like prominent cords; between them other veins equally tense, tortuous, and distended with black blood, wind their course, whilst a sinuous interlacement of enlarged veins overspreads the upper and front part of the chest. The appetite is poor, there is some thirst, the bowels are inactive, and the urine is scanty, high-coloured, and without sediment on cooling. A few days ago there were the physical signs of valvular disease, enlarged heart, but no dropsy. To-day there are the same signs, but with anasarca, bronchitis, and general pyrexia superadded. Now, what has produced this change, and how is the case to be treated?

The aggravation of the old-standing physical signs and the superaddition of the other symptoms are entirely the result of cold. The surface of the body received a chill; the blood was driven inwards from the superficial vessels; the balance of the circulation between the skin and the internal organs was in consequence destroyed; the vessels of the former contained a diminished quantity, the vessels of the latter an increased quantity of blood; the function of each was either entirely or partially arrested, the skin from lack of blood ceased to perspire, the internal organs from excess of blood could no longer secrete; the *débris* of tissue-waste, the elements of secretion and excretion, were retained in the blood; by it they were borne as irritants to the heart and nervous centres; both were thereby excited; the heart was thus roused to increased energy; it answered the stimulus conveyed to it; it threw back the blood with increased force to the vessels of the skin; they in turn became distended; the skin became hot; inflammatory fever was established.

A poisoned condition of the blood is the pathological cause of all this increased disturbance. It is very probable indeed that a poisoned condition of the blood is the pathological cause of all true pyrexia and of other diseases. But what is the proper treatment of the original affection of the heart, with this bronchitis, anasarca, and pyrexia superadded? To restore the natural secretions, and to eliminate from the blood the accumulated morbid matter of the excretions. How are these objects to be attained? By restoring the natural balance of the circulation throughout the body. This done, every secretion will go on as before; the process of excretion will be re-established; harmony of function will be restored; the bronchitis will subside; the anasarca will disappear; the pyrexia will vanish. The balance of the circulation cannot be restored without some drain from the blood, either as blood withdrawn from the vessels, or in the form of an increased secretion from one or more organs. In this particular instance, the turgid jugulars—the tossing, tumbling, laboured action of the heart—the blueness of the lips—the bloated countenance—the oppressed breathing,—mutely, but nevertheless earnestly, supplicate us to bleed. The necessity is great. We must bring to the case the quickest relief. Those swollen jugulars, tense almost to bursting, invite us to take off their pressure—their excess of blood. Withdraw ten, twelve, or sixteen ounces of blood from one of them, and mark the relief which will almost instantly follow. Improve the impression thus produced by a brisk purgative of sulphate of magnesia with digitalis, antimony, and calomel. As soon as the purgative shall have produced the desired result upon the bowels, the skin will relax, the bronchial membrane will begin to secrete, the kidneys to throw off more fluid, and the heart will become more steady, more regular, and its action less frequent. But I may be told that, in giving this combination of remedies, I am violating the rule of "elegant prescribing," which says that all the remedies prescribed ought to be directed to the attainment of one object: that a purgative ought not to be given in conjunction with a diuretic—a diuretic with a diaphoretic or an expectorant. My answer to this dogma is: that experience is a better guide than theory; that experience has taught me the value of these combinations; and that, as we are as yet totally ignorant of the nature and the determining causes of many of the subtle combinations which take place in the great laboratory of life, I shall continue to prescribe these combinations of remedies upon the single authority which experience affords. Let me be effective, let me be chemical, let me be elegant in my prescribing; but, if I cannot be all, let me be effective and chemical rather than elegant.

When, by bleeding and by the use of the purgative and other agents, the urgency of the case has been relieved, small doses of digitalis with the acetate of potash or ammonia, and ipecacuanha as an expectorant, or squill as both expectorant and diuretic, together with alterative doses of blue-pill or grey powder, will generally, in ten or fourteen days, place the patient in precisely the same condition as that in which he was before he was overtaken by cold. The anasarca, bronchitis, and pyrexia will have disappeared; but the old-standing affection of the heart will remain. For years it had apparently become no worse. At length, however, other evils have suddenly arisen; and, although they have for the moment been removed, yet to the experienced physician they denote "the beginning of the end." The patient, although relieved of the superadditions and now able to return to his usual avocations, will not long remain free. In two or three months, or it may be in a shorter time, he returns to his medical attendant, suffering as before from bronchitis, anasarca, and concomitant pyrexia. Again is he relieved by measures similar to those employed in the previous instance, and once more he returns to his accustomed employment. Again, however, does he fail to hold his ground; and once again is he compelled to resort to his physician, who continues to relieve him as before, until disease at length defies the power of remedies, and the patient, overwhelmed by accumulated miseries, sinks into the grave.

(To be concluded.)

PHYSIOLOGY OF THE PNEUMOGASTRIC NERVES.—As the result of a series of thirty-seven experiments carried on with electricity on dogs and pigeons, Prof. Masoin, of Louvain, has stated that there is a marked difference of action between the two pneumogastrics on the heart, and concludes that for weakening and suspending the functions of the heart, the right nerve possesses a power far superior to that of the left one. The greater action of the right pneumogastric, adds M. Masoin, does not exert itself in any peculiar department of the heart, but in block as it were.

REMARKS ON CATARACT EXTRACTION.

WITH A TABLE OF TWENTY CASES.

BY C. S. JEAFFRESON, M.R.C.S.,
SURGEON TO THE NEWCASTLE EYE INFIRMARY.

THE operations for cataract rank amongst the most important and the most interesting of all the operations in ophthalmic surgery, and upon their successful issue will depend in a great measure the reputation of anyone who aspires to the position of an ophthalmic surgeon. There is no class of cases in the whole range of surgery which has such a telling effect upon the non-professional public as successful operations for cataract; to the operator it gives a feeling of satisfaction which few operations can afford. Although these remarks apply generally to all cases of cataract, they are particularly applicable to cases of senile cataract, and upon this operation I will say a few words.

Though a young ophthalmic surgeon, still I maintain a decided preference for the old operation of flap extraction. No other is so simple, requires so little manipulation, and none other, unless perhaps it is Liebreich's new operation, fulfils the conditions which are as imperative in ophthalmic as in any other form of surgery—namely, *of doing what you have to do with as little injury as possible to parts themselves, and as little disturbance as possible to surrounding organs.* It

Cases of Senile Cataract.

No.	Age.	Sex.	Nature of operation.	Results to Vision.	Remarks.
1	70	F.	Flap extraction	Vision perfect	I operated on both eyes at one sitting. The result was perfect at the time. A week after she struck the left eye, and a prolapse occurred. It was destroyed with caustic gradually, and did not interfere with the good results.
2	,,	,,	Ditto	Ditto	
3	80	M.	Ditto	Central pupil; vision perfect	
4	70	M.	Ditto	Central movable pupil; vision good	Cataract remarkably hard and dense.
5	60	F.	Ditto	Vision good; pupil circular & movable	A case of double cataract operated upon at one sitting. Recovery was very rapid.
6	,,	,,	Ditto	Pupil slightly irregular; vision good	
7	75	M.	Ditto	Central movable pupil; vision perfect	This old gentleman was a watchmaker by profession, and was able to continue his work after the operation.
8	40	M.	Ditto	Central pupil; vision perfect	This patient was young for a senile cataract. There was no history of injury, and the left eye was not cataractous. He wished an operation.
9	70	M.	Ditto	Vision perfect; central pupil	This man had been an old sailor; and, living on the coast after the operation, he could see ships at a great distance.
10	75	F.	Ditto	Central pupil; vision perfect	This lady had been blind for more than fifteen years, and yet the sensibility of the retina remained unimpaired. The cataract in the right eye had undergone cretaceous degeneration.
11	60	F.	Flap extr.; iridectomy	Vision good	At the time of the operation prolapse of the iris occurred. It was snipped off; and this was followed by a slight loss of vitreous. The cataract sunk out of sight, but was removed by Taylor's loop.
12	60	F.	Flap extraction	Loss of vision	This patient was of an intensely restless and irritable disposition. Although the operation was perfect, iritis set in on the third day and spread to the choroid, and ultimately destroyed sight.
13	63	M.	Ditto	Central pupil; vision perfect	
14	63	M.	Flap extr.; iridectomy	Central pupil; vision perfect	A healthy man. He made a rapid recovery. Iridectomy was performed in consequence of prolapse at the time of the operation.
15	68	F.	Flap extraction	Slightly irregular pupil; vision good	This patient was blind with the other eye from an old injury.

Cases of Traumatic Cataract.

No.	Age.	Sex.	Nature of operation.	Results to Vision.	Remarks.
1	18	M.	Suction operation.	Vision perfect; central pupil	A blow from a piece of metal had ruptured the lens capsule without wounding the globe. The lens matter filled the anterior chamber.
2	24	M.	Ditto	Central pupil; vision not quite perfect	This injury was precisely similar to the preceding one.
3	20	M.	Ditto	Central pupil; vision good	This, again, was an injury similar to the above two cases; all three were under treatment at the same time. Some capsule partially obstructed the pupil in this case, but does not interfere with vision.
4	60	M.	Ditto	Vision perceptive of large objects	Was struck by a stone three weeks before admission. Lens matter filling anterior chamber. Capsule still obstructs vision. A future operation necessary.
5	30	M.	Ditto	Vision good; central pupil	Eye struck by piece of wood ten days ago. Lens opaque and swollen, but intact. No doubt small rupture of capsule.

seems to me that many ophthalmic surgeons waste their time in attempting to devise the most extraordinary and complicated means for extraction of the lens; they have become the victims of the same kind of feelings which prompt men to cross the Atlantic in an open boat, when they could do so with far greater safety in a Cunard steamer. But those under the influence of ophthalmic daring are far more dangerous than the subjects of maritime rashness, for having performed a few operations with success, they would endeavour to persuade all others to follow the same dangerous route.

The chief objections which have been urged against flap extraction, and which have caused some of the most eminent oculists to abandon the operation, are, liability to sup-

puration of the flap, tendency to prolapse of the iris, and the great loss of vitreous which sometimes occurs. These points of late years have been dwelt upon with such vehemence and weight in most works on ophthalmic surgery as virtually to put a veto upon the operation which I think it scarcely deserves. Out of close upon one hundred flap extractions, I have never seen a case of suppuration of the cornea, and I feel confident that this condition is no fault of the operation, but of the individual upon whom the operation is performed, and shows a debilitated state of the system which can easily be remedied by a few weeks or months of fresh air and good feeding, together with attention to other hygienic rules. It is the fashion now, and has been for many years, for all classes to resort to London for the performance of cataract extraction, and I believe firmly that in this circumstance alone we may find the cause of suppuration of the flap which occurs so frequently after this operation in metropolitan practice. Few persons bear changes of climate and external conditions so badly as aged persons, and what chance they may gain by increased skill in going to London they lose by being drawn from the quiet and repose of their own homes.

In the days when it was thought a peculiarly dangerous thing to touch or wound the iris, and when this structure, like the peritoneum, was invested with a mysterious dread, prolapse of the iris in flap extraction was supposed to be fraught with great danger. In the present day this accident is deemed of far less consequence, for we know that the prolapsed part may be excised without danger or detriment to the result of the operation; and I think this should always be done, without any attempt being made to reduce the protrusion. Prolapse occurring after the operation I have rarely met with, and in every case could attribute it to some careless act on the part of the patient or attendants.

Escape of vitreous is a thing which, I am happy to say, has rarely happened to me, and certainly it is not more frequent in the flap than in any other method of cataract extraction. When a very fluid state of vitreous exists, some of it will almost invariably escape, whatever the mode of operation adopted. In flap extraction no doubt more will escape than in those forms of operation where the flap is small; but then, within certain limits, I think the escape of vitreous bears no relation to the results of the case, and I have frequently seen large escapes attended with little lowering of the visual power. Whilst I am quite ready to believe that the various forms of linear extraction may be attended with better results than flap extraction in the debilitated and fragile constitutions met with in our London hospitals, I feel quite convinced that the latter operation is the best adapted for our well-fed, healthy agricultural and mining population. Nor with such a simple and beautiful, I might almost say natural, operation to resort to, can I fully comprehend how persons can adopt conscientiously such a complicated and, to my mind, indefensible operation as Mr. Taylor's last, and which seems to me a veritable ophthalmic *tour de force*. Two knives are required to make the corneal section. The iris is incised at its periphery, and the lens is extruded through the artificial opening in it. Every step is performed with difficulty and attended with danger, and when the operation is completed a double pupil is left. Nor are the arguments Mr. Taylor uses in favour of the operation strictly logical. We are told that the peripheral section of the iris avoids its being bruised and stretched. As though any rational being could believe that seizing the iris with a forceps, which must necessarily crush its delicate structure, puncturing it, and subsequently completing its section with a pair of scissors, can be attended with less danger than the slight stretching of the naturally extensile and readily dilating pupil. If such a person does exist, we may soon expect to hear it seriously proposed that all women in future should be delivered by abdominal section, to avoid stretching the os uteri and vaginal walls. No doubt this latter operation would frequently be attended with success in young and healthy women, and if anyone were to commence to put it in practice he would soon obtain a few successful cases to bear testimony to its being a very great improvement on the old method of delivery.

Having in my last paper made a few general remarks upon the plan of treatment I generally adopt, I will say a few words upon the cases in the table. There are in all twenty cases, fifteen of senile and five of traumatic cataract. The former are all the cases of senile cataract I have operated upon during the current year. The latter are selected from a large number, and are added to illustrate the beneficial results of the suction operation when the lens capsule has been ruptured by a blow upon the eye without any external wound. In all these five cases this accident happened, and, curiously enough, three of the cases were under my care at the same time.

The senile cataracts were all successful, with one exception, and this exception illustrated well what I said at the commencement of my paper concerning persons coming from a distance. This patient was a highly nervous and excitable person. The operation was most successfully completed, but nevertheless, owing, as she said, to not being in her own bed and from the noises of the town, she could obtain no sleep; opiates did not relieve her. On the third day suppurative iritis set in, and the eye was eventually completely lost.

In two cases prolapse of iris occurred during the operation, and the portions were removed. In one of these, after the iridectomy was performed, some vitreous escaped, and the lens in its capsule sunk out of sight. I succeeded, by means of Taylor's loop, in extracting it without difficulty or danger, and the patient made a good recovery.

Newcastle-on-Tyne.

ON THE FILLET, OR LOOP, AS AN OBSTETRIC INSTRUMENT.

BY R. EARDLEY-WILMOT, M.B. LOND., &c.,
UNIVERSITY SCHOLAR IN OBSTETRIC MEDICINE.

THERE is a fashion in all things, and our art is no exception to the rule. Each year sees the introduction of new instruments, or the modification of old ones. Many of these changes represent real progress and improvement; others merely the fashion and fancy of the day, soon to be again, in their turn, replaced and superseded.

The fillet, or loop, the instrument whose modification and reintroduction I wish to advocate, is one of great antiquity, but whose merits and utility are at present very imperfectly recognised. It has, in fact, fallen almost into disuse, and is dismissed in our text-books either as unworthy of notice altogether, or in a few half contemptuous lines, as an obsolete and nearly useless relic of the earliest infancy of obstetrics.

Its advantages, however, as an obstetric aid, are, I think, very obvious and well marked. We may find in it a means of successfully meeting many of those minor difficulties in labour which occasion so much loss of time to the practitioner and distress and pain to the patient. The cases in which it is most applicable are those in which the head presents, but is delayed, often for many hours, at or near the outlet of the pelvis, by uterine inertia, or by rigidity or small relative capacity of the vagina and vulval orifice. These are the cases which, according to our present rules of practice, must either be terminated by forceps, or consigned to the tedious and dangerous resources of time and patience.

Now, the fillet possesses several advantages over the forceps as a remedial agent under such circumstances.

1. It is light and portable; may be carried easily in the breast pocket as a companion in all cases of labour.

2. It may be applied without chloroform or other aid, and in most cases without the patient being aware that instruments (the bugbear of parturient females) are being employed at all.

3. The space which it occupies in the pelvis is much less than that taken up by the forceps.

4. When once applied it will remain in position, without further trouble or readjustment, so that traction may be resumed at any moment when desirable.

A brief sketch of the most common conditions in which the use of the fillet is indicated will be here sufficient. A consideration of its mode of action, and of the mechanism of delivery, will suggest many others.

In simple cases, where slight additional expulsive force is alone required, mere gentle traction on the head—the

loop being fixed beneath the chin of the child—will so augment the force of the uterine pains that delivery will soon be accomplished.

In more complicated cases, where some slight force is required to aid the extension movement of the head, delayed on the perineum, such force may be fearlessly applied by the fillet. Many a fissured or ruptured perineum might be saved by its timely application, the head being drawn gently forwards over the stretched and endangered part.

In occipito-posterior presentations the fillet, applied over the occiput, may be used with great advantage, and without risk or difficulty. It is equally applicable in some cases of face-presentation.

Let it be clearly understood that I have no wish to advocate the substitution of the fillet for the forceps in cases where any serious obstacle exists, but only where delivery would, in all probability, be at last effected, though after much time and at the risk of dangerous exhaustion, by the natural powers. It may be laid down, I suppose, as an invariable rule, that a minor obstetric difficulty should be met by a minor operation. The fillet is undoubtedly a less formidable instrument and more readily applied than the forceps. It will soon be felt, on its application, whether its aid be sufficient or not for the case in hand.

To the fillet in its old form, as usually seen, there are many serious drawbacks. It is difficult of introduction, and still more difficult of adjustment; if much force be applied, injury may be inflicted on the child; if it be desired to remove the instrument, when once in position, this will be found difficult or impossible of accomplishment. These difficulties have been partly met in Dr. Westmacott's improved whalebone fillet, figured in "Barnes's Obstetric Operations." In this instrument the great flexibility and breadth of the loop aid the introduction and preclude injury to the child. The difficulty in removing it, when once applied, is simply obviated by causing one end of the whalebone loop to be attached to the handle by screws and nuts, which may be removed at pleasure, allowing the free end of the loop to be drawn *round* the presenting part, and so easily liberated.

But another frequent difficulty—that of *adjusting* the instrument—remains unconquered. This difficulty is even increased by the great flexibility of the loop. Let us suppose a normal head-presentation, with delay on the perineum from inertia of the uterus or rigidity of the soft parts. Here the loop must be introduced posteriorly, and moved forwards so as to include the head, till it becomes fixed under the chin of the child. In some cases this may be done with comparative ease; in others it may be quite impossible. If the head be unusually large or in very close contact with the vaginal walls, we shall find great difficulty in bringing the two limbs of the loop, attached as they are to a single handle, into exact apposition. The whalebone will become bent, and obliquely twisted, or impacted in part between the head and soft parts; or the whole instrument will assume an obstinately oblique position. Unless a complete apposition be attained, or if the obliquity continue, the instrument will inevitably slip when traction is applied.

The desideratum here clearly is that each limb of the loop may, after introduction, be manipulated separately till a firm hold is obtained. Any error of position, or twisting, or impaction of the loop, might thus be rectified at once by movement of the part at fault. This has been, I think, completely attained in a modification of Dr. Westmacott's instrument made for me by Messrs. Matthews. In this instrument the handle is divided longitudinally, so as to leave one end of the whalebone loop attached to each section of the haft. The two portions are separable at pleasure, or united, when compressed, by steel pins, projecting from one half of the handle and perforating the other. Dr. Westmacott's screws and nuts, to aid removal after introduction, are retained. The handle is made slightly longer, for more convenient manipulation. The difficulty of adjustment is thus completely overcome. The instrument may be introduced as usual. Let one half of the handle be then taken in each hand, and by a gentle sawing movement in the direction required, and by pressure on each limb alternately, the loop is readily brought into its due position. This slight alteration will, I believe, greatly facilitate the application of the fillet, and may perhaps lead to its more extensive and well-deserved adoption as an obstetric instrument.

Harrow-on-the-Hill.

A Mirror
OF
HOSPITAL PRACTICE,
BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

KING'S COLLEGE HOSPITAL.

ANEURISM OF THE ARCH OF THE AORTA, WITH LARYNGEAL SYMPTOMS; DEATH; CLINICAL REMARKS.

(Under the care of Dr. G. JOHNSON.)

IT is a curious fact in the clinical history of intra-thoracic tumours, and especially of aortic aneurisms, that in some cases there may actually be no symptoms whatever, and in some other instances all the symptoms are reflected, as it were, to other organs. The majority of cases, of course, are accompanied by symptoms referable to pressure on the thoracic viscera. Considering these things, it may readily be understood how difficult it is often to make a diagnosis, and how important it is to bring to our aid all the improved means of physical examination, such as the stethoscope and the laryngoscope.

George W——, a clerk, aged forty-five, but looking much older, came as an out-patient to the department for diseases of the throat, at King's College Hospital, on Oct. 16th, suffering from great difficulty in breathing accompanied by loud strider. A laryngoscopic examination showed that the mucous membrane was healthy, but the cords were approximated, being only about one-tenth of an inch apart. The arytenoid cartilages, as far as could be made out (for the patient could not bear a prolonged examination), were perfectly immovable during both inspiration and expiration. This paralysis of the vocal cords pointed to pressure on the recurrent laryngeal nerve, and accordingly an examination of the chest was made for the purpose of detecting the cause of the pressure. At the upper part of the sternum a strong impulse could be distinctly felt and heard, but the pulsation was not visible even with a good light. Another auscultatory sign of importance was a loud tracheal stridor transmitted forwards to the sternum and backwards through the dorsal vertebræ. The inference therefore was that aneurism of the arch of the aorta existed; and a diagnosis was accordingly made. Both pulses and both pupils were equal.

The patient was at once admitted into the hospital, where the following history was taken:—Four years ago he had been under the care of Dr. Johnson for delirium tremens, but after recovery from this he had entirely given up drinking spirits, and had never taken more than a pint of beer a day. Eighteen months ago, while speaking to a friend, he suddenly became hoarse, but had no pain. In a few days his breathing became affected, and he felt uncomfortable about the throat. He then went to one of the general hospitals for seven months, and after that to the Hospital for Diseases of the Throat for a like period, but without benefit. For months past he had been unable to sleep for more than a few minutes at a time.

The superficial veins of the chest were full, but did not appear as if dilated from the presence of a tumour in the thorax, but rather as if from dyspnœa. There was no œdema of the limbs. Considerable dysphagia, especially for solids, was present. The difficulty in swallowing seemed to be partly caused by the urgency of the dyspnœa being too great to allow of respiration being suspended during deglutition. There was also crepitation and wheezing at the bases of both lungs, which were due to mucus in the bronchi, the result of the partial apnœa. The mechanism of this condition seems to be that, whenever the process of respiration becomes imperfect, there is a hindrance to the flow of blood through the lungs, produced by a contraction of the minute divisions of the pulmonary arteries. This leads to engorgement of the systemic veins and the bronchial veins as a part thereof; and this, in turn, gives rise to a serous transudation from the bronchial mucous membranes, which finds its way into the air-vesicles and smaller bronchi. The extent of the crepitation may, in

fact, be taken as an evidence of the degree and duration of the apnœa.

On October 17th the dyspnœa was extreme, and Sir Wm. Fergusson performed tracheotomy in the afternoon, which in this case was justifiable, for, whatever may have been the cause of the closure of the cords, it is certain that this closure was the cause of the dyspnœa. After the operation the patient slept well, more than he had done for months past. Next day he was much better, and had lost the pallid and shrunken appearance which he had hitherto presented. There was now free admission of air into the lungs, and in consequence the arteries were better filled. On the 19th he was not so well again, the dyspnœa being more urgent. It was most probable that from the prolonged dyspnœa there had been first accumulation, then stagnation, and finally clotting of blood in the right side of the heart. On the 21st he had œdema of the left arm, and in the afternoon he died.

What was the cause of the approximation of the vocal cords in this case? It was most probably aneurism of the arch of the aorta pressing on and paralysing the recurrent laryngeal nerve. But is there any other cause of approximation of the vocal cords? Some years ago a man was admitted into the hospital under the care of Dr. Beale. As he was suffering from considerable dyspnœa, a laryngoscopic examination was made, and the cords were found to be only about one-tenth of an inch apart, and quite immovable. Mr. Wood, in performing tracheotomy, found the rings of the trachea ossified. In this case it was shown after death that there had been necrosis of both arytenoid cartilages, which had come away through the ulcerated mucous membrane. These ulcers could not, however, be seen when the cords were closed, as they both looked inwards. In this case, then, the muscles moving the vocal cords had lost their points of attachment. In another case the cords were approximated from the contraction of a cicatrix of a syphilitic ulcer which had formed in the inter-arytenoid fold. The only difficulty in supposing the paralysis in this case to be due to pressure on the recurrent laryngeal nerve by an aneurism is to understand why both vocal cords should be paralysed. Probably a post-mortem examination may explain. The case under consideration differs very much from a case seen by Dr. Johnson a year ago, in which there was stridulous breathing with a clear voice. Examination of the larynx showed that the cords were freely movable; the cause of the stridor was therefore lower down; and, although the only physical sign in the chest was a loud tracheal stridor, aneurism of the arch of the aorta, pressing on the trachea, was diagnosed. Three weeks afterwards the patient died of suffocation, and a post-mortem examination revealed an aneurism of the size of a walnut springing from the back of the arch of the aorta, and pressing on the trachea, which was almost closed, and the walls of which had given way in one place, the opening being closed by a small clot of decolorised fibrin; but there was no pressure on the recurrent laryngeal. It will be seen that in one case there was stridulous breathing with closure of the vocal cords, but in the other the stridor was not accompanied by any abnormal condition of the larynx. These cases strongly point out the importance of making a laryngoscopic examination in all such cases, for while in the former case tracheotomy is imperative, in the latter this operation would be useless if not positively dangerous.

It must be borne in mind that in aneurism of the arch of the aorta, throat symptoms, referable to spasm of the muscles of the larynx from pressure on the recurrent nerve, may present themselves. In the Pathological Society's Transactions, vol. xv., p. 72, a case is reported by Dr. Johnson, in which there was difficulty of breathing, with stridor, but no other physical signs of aneurism except dysphagia for solids and occasional spasm of the muscles of the vocal cords. Three days after admission the patient began to cough up blood, and in four hours died of hæmorrhage, from bursting of a thoracic aortic aneurism into the œsophagus. There are, then, three throat symptoms which may present themselves in aneurism of the thoracic aorta—viz., direct pressure on the trachea, accompanied often by a loud barking cough; spasm of the vocal cords from slight pressure on the recurrent nerve; and, lastly, paralysis of one or both cords from severe and prolonged pressure on this nerve. Why both cords should be involved in a case cannot be explained. Tracheotomy must not be performed in the first case, but may be of great service in the two latter.

At the autopsy, made subsequent to these remarks, an aneurism involving the posterior part of the transverse arch of the aorta beyond the origin of the great vessels was found to exist. There was also complete obliteration of the left brachio-cephalic. The larynx and trachea were healthy. Both sides of the heart contained ante-mortem clots. The sac of the aneurism was lined with a thin layer of laminated fibrin. The aneurism pressed somewhat on the œsophagus. A subacute inflammation of both bases of the lungs was found to exist. What was the respective influence of the effects of the dyspnœa and implication of the pneumogastric nerves in the production of this inflammation, it would be difficult to decide.

CHARING-CROSS HOSPITAL.

STRICTURE OF THE URETHRA; PERINEAL FISTULÆ; DILATATION OF THE URETHRA; CURE.

(Under the care of Mr. BELLAMY.)

THE following case illustrates very well the course of an untreated stricture of the urethra. Immediately behind the strictured portion the urethra becomes dilated; urine collects and decomposes; ulcers form in the mucous membrane; urine infiltrates the tissues, giving rise to a urinary abscess; and, finally, extravasation of urine takes place, especially if an effort be made, as in the case before us. The treatment to be then pursued is that which this patient carried out in his rude but efficient manner. Urine drains away, and fistulæ result. Of course this will not cure a case, for the stricture remains, but it often happens that after the fistulæ have formed the stricture is more amenable to treatment than before. Such seems to have been the case here.

J. O——, aged forty-five, formerly a sailor, was sent from Jersey on Sept. 20th, 1872. On admission, there were two fistulous openings in the perineum, one just behind the scrotum, and a second in front of the anus, communicating with the urethra by very tortuous tracks. The tissues were very brawny and much thickened. No urine passed by the penis, and all that came away did so by these fistulous openings after considerable efforts on the part of the patient. He was in a very low state of health, and the urine was full of albumen, blood, and muco-pus. His own account of his condition was that two years previously he suffered from stricture, and one day walking home from church, and on straining to micturate, "something gave way," his scrotum swelled enormously, and he was in great agony. Unable to endure it, when he reached home he took his wife's scissors and "stabbed" the tumour. Urine and blood came away, and he experienced immediate relief. He laid up for some time without seeking any medical advice, and recovered sufficiently to go about his work, the urine passing meanwhile by the stabs he had made in his perineum. It would seem that abscesses had formed from time to time, and the present condition of things resulted. When he first came in he was ordered some tincture of the sesquichloride of iron, an opiate at bed-time, warm baths, and middle diet.

When the urine became clearer and the amount of albumen had decreased, attempts were made at catheterism, but at first without any success. In about a week's time, after a prolonged attempt, a No. 2 wax bougie was insinuated past the first stricture, and in the course of a day or two the second stricture was passed, and the instrument kept in for some time. As considerable rigors came on it was withdrawn, and no attempt made for a while. In a few days, with considerable patience, a No. 3 bulbous-ended elastic catheter was got past the second stricture; rigors again came on, and an abscess of some size formed in the neighbourhood of the fistulous track, in front of the scrotum. On a subsequent attempt to introduce an elastic instrument the abscess broke, and the pus passed per urethram. There was considerable œdema of the scrotum and penis, and hot fomentations and poultices were applied to the region. After this had subsided the patient appeared

much better and was allowed to get up. Shortly afterwards urine passed per urethram, the stream becoming stronger and fuller daily, until the present date, when scarcely any urine at all passes by the fistulous tracks, which have almost entirely healed up, the anterior one entirely, and micturition is easily performed in the normal way. The patient is wonderfully improved in health, and obtained his discharge on November 13th.

NEWCASTLE-ON-TYNE INFIRMARY.

(Cases under the care of Mr. LUKE ARMSTRONG.)

FOR the notes of the following cases we are indebted to Mr. Percy Watson, clinical clerk.

AMPUTATION OF BOTH LEGS; RECOVERY.

J. G——, a porter, aged twenty, was admitted on the 6th of August, with both lower extremities terribly crushed (by a train of coal waggons passing over them) and otherwise severely injured. Chloroform having been administered, both legs were amputated, the right three inches below the knee, the left just above the ankle. Wire sutures were used, and the stumps dressed with carbolic oil. Three days after the operation the patient had an attack of hæmoptysis, which passed off after the administration of an astringent mixture. Slight sloughing of the flap occurred, which necessitated skin-grafting. Twenty-one grafts, nineteen of which were successful, were taken from a newly-amputated limb. From this time the patient progressed favourably, the stumps being quite healed by the 25th of September.

TWO CASES OF COMPOUND DISLOCATION OF THE ANKLE-JOINT; RECOVERY, WITH MOVABLE JOINTS.

T. C——, carman, aged thirty, was admitted July 30th, having fallen from a wall twelve feet high, a large stone falling at the same time upon his ankle. The inner malleolus was broken off, the tibia projecting through a large opening in the soft parts, and the fibula fractured about three inches from its lower end. Thus the ankle-joint was thoroughly laid open. The wound having been drawn together with silver-wire sutures and dressed with carbolic oil, a splint with a foot-piece was placed on the outer side of the leg, and bags of ice were constantly applied for seventeen days. It was then opened for the first time, the sutures were removed, and the wound dressed with zinc lotion. The wound healed rapidly, and the patient left the hospital on Oct. 1st, with a movable joint.

W. R——, aged thirteen, admitted into the hospital June 8th. Caught his foot in the wheel of a stationary engine, which jerked him into the air. On falling, he alighted astride a projecting tap, which ruptured the urethra. When admitted a large wound was found over the outer ankle, the tibia and fibula both projecting, the foot being turned up on the inner side. The foot was put in position, a splint being placed on the inner side. The wound was drawn together with wire sutures, and dressed with carbolic oil. A catheter was introduced into the bladder, and allowed to remain for some time. At the end of fifteen days the wound was opened out, and dressed with zinc lotion. Skin-grafting was had recourse to when the granulations would admit of it. The boy was discharged in good health, and with a movable joint, on November 4th.

THE Royal Hospital for Incurables received £25,260 last year, and spent £26,349.

DONATIONS, ETC., TO MEDICAL CHARITIES. — Mr. Thomas Norris, of Howick, near Preston, has bequeathed £4000 to the Bury Dispensary, and £600 to the Preston and County of Lancaster Royal Infirmary. The Hospital for Consumption, &c., Brompton, has received a fourth £1000 from "C. N. D.," and £500 from "a Lady." The Hospital for Women, Soho-square, has received another £1000 from "R. T. W." The Cancer Hospital, Brompton, has received £1000 from "W. S. N." The Royal Hospital for Diseases of the Chest, City-road, has received a fourth £1000 from "W. P. D." Mr. F. Wright, of Osmaston Manor, has given £2000 to the Derbyshire Infirmary. Mr. William Weaver, of Curry Mallet, has given £1000 to the Taunton and Somerset Hospital.

Medical Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

T. B. CURLING, F.R.S., PRESIDENT, IN THE CHAIR.

TUESDAY, NOVEMBER 26TH, 1872.

A FIFTH SERIES OF 100 CASES, WITH REMARKS ON THE RESULTS OF 500 CASES, OF OVARIOTOMY.

BY T. SPENCER WELLS, F.R.C.S.,
SURGEON TO THE QUEEN'S HOUSEHOLD, AND TO THE SAMARITAN HOSPITAL FOR WOMEN.

CASES of completed ovariotomy, from 400 to 500, are arranged in a table of similar form to the previous series of 1 to 400 cases, published in successive volumes of the Transactions of this Society, and the author then reviews the whole of the cases, examining the influence which the social condition of the patient, her treatment in large or small hospitals or in private practice, the season when the operation was performed, the age and conjugal condition of the patient, the size, solidity, and connexions of the tumour, and the length of incision required for its removal, and the various modes of carrying out the extra-peritoneal and the intra-peritoneal treatment of the pedicle, have upon the result of the operation.

Twenty-five cases where both ovaries were removed at one operation, and 4 cases where ovariotomy was performed twice on the same patient, are then reported, and some remarks follow upon 52 cases of exploratory incisions and incomplete operations, and exceptional cases of recovery after suppuration and drainage of cysts which could not be removed.

The subsequent history of patients who have recovered after removal of one ovary proves that they may menstruate regularly, and may bear children of both sexes, or twins; and that after removal of both ovaries they do not become excessively fat, nor lose their feminine appearance or sexual instinct. Of 373 women who recovered, 36 who were unmarried at the time of the operation have married since; of these 15 have had one child, 6 two children, 3 three, and 3 four children; 2 have had twins. Of 259 who were married when the operation was performed, many being beyond the age of child-bearing, 23 have had one or more children since. No particulars could be obtained of 23 patients who recovered, but 312 reported themselves as in good health this summer. A few complained of some trifling ailment, and 17 have died of causes more or less directly connected, and 19 of causes not at all connected, with ovarian disease or the operation, at various periods from a few weeks to eight years after ovariotomy. These are rare exceptions to the general rule that a woman who recovers after ovariotomy is restored to perfect health, and is enabled to fulfil all the duties of wife and mother. Supposing that the 373 women who recovered might have lived four years if ovariotomy had not been performed, they might have realised 1492 years of miserable invalid life. Taking their average age as 38 years at the time of operation, and the average expectation of life for a healthy woman of that age in this country as 29 years, we find the 373 women have secured by the operation the probability of the gross amount of 10,817 years of average healthy life.

NOTE ON A NEW FORM OF TROCAR FOR USE IN OVARIOTOMY.

BY ROBERT LAWSON TAIT, F.R.C.S.

For this instrument it is claimed that it has the following advantages over those at present in use:—That the penetrating edge cuts, and does not tear, making a wound which the tube completely fills, and is easily retracted. One size of trocar will answer all purposes. The cutting point may be used as a knife to slit open smaller cysts contained in the major, and of which the contents may be so viscid as to be unable to pass along any trocar. The catches adapted to this trocar are such as to obviate any possibility of it slipping, and the instrument is much handier than any other at present in use for ovariotomy. It is made by Salt and Son, of Birmingham.

Mr. SPENCER WELLS said he had not yet used Mr. Tait's trocar, but intended to do so. The objection raised as to his own instrument was not true; if it had been improperly sharpened, it might split the cyst, but he had never found it

to occur. He thought the internal arrangement in Mr. Tait's trocar was objectionable, as it would so block up the calibre as to prevent the escape of thick fluid. The calculation in his paper as to the saving of life by ovariotomy might appear at first startling—it did so to him,—and he asked Dr. Farr to look through his statistics, and he had said they were correct.

Dr. PRIESTLEY, after congratulating the author on his successful experience, said he wished to draw attention to two points not touched upon in his paper. Had Mr. Wells any established rule for treating a unilocular cyst? Was it best to tap it, to inject it with iodine, or at once proceed to its removal? As the mortality appeared to depend upon the length of the incision, was it desirable to tap once or more before operating? Was it better to operate when the tumour was small and just out of the pelvis, or to allow it to grow till the patient had some discomfort from it, and at the same time was weakened by its growth, and so would be less likely to bear the operation well?

Dr. SQUAREY asked if Mr. Wells had traced the ovary in the early stage of the disease, and if so, what was the condition? From a case he had seen at Soho Hospital, he was led to think that the cyst occurred as a consequence of ovaritis. The patient had all the symptoms and physical signs of ovaritis. After six or eight months a cyst was found the size of a cocoa-nut, which was removed by Dr. Meadows. Would it be well to operate thus early, or to wait? If so, adhesions might form.

Dr. HEYWOOD SMITH said that in the intra-peritoneal way of healing the pedicle, the cautery gave the best result —sixteen recoveries to two deaths,—whilst if the cautery and ligature were combined, the mortality was much greater.

Mr. HEATH said that the result of two years' experience at Soho Hospital, during which time no clamp had been used, was very favourable, and bore out what Mr. Wells said of this proceeding. As to the precautions to be taken before operating, he thought that this was somewhat theoretical, for often practitioners had to attend a woman, or do some operation, after having been recently in the post-mortem room. He mentioned a case where such had happened to him; the patient did well for a week, and then was moved from a private into a general ward, in which was a patient suffering from carcinoma uteri. Twelve hours after she had a rigor, the temperature and pulse rose, and a second rigor within the twenty-four hours. She was removed from the ward, and soon was well. He thought from this much care was required after the operation, as there was a peculiar susceptibility to infection. Mr. Wells did not say that he took any special precaution to prevent the entrance of germs by the use of carbolic-acid spray, and yet the results were good, and healing by the first intention.

Mr. SPENCER WELLS replied that, in unilocular cysts, he thought it was well to try what tapping would do. If small, they were often cysts of the parovarium or extra-ovarian, and contained a clear whitish fluid, with little albumen and chloride of sodium; they collapsed on tapping, and the patient was cured. As to early or late tapping, if the cyst were small and the patient young, it was better to wait, as the prognosis was not so good as in older women with a large cyst, and where the peritoneum had undergone some change. His experience did not permit him to answer the question as to the relation between ovaritis and the early stage of ovarian cyst. Cases did not come to him at that stage; he had hardly seen one so small as a cocoa-nut, and had never removed one less than seven pounds. He should not think one was justified in removing so small a tumour, unless the patient was greatly inconvenienced by it. He had only used the ligature as a supplement to the cautery, when, after removing the cautery forceps, bleeding points were seen. He thought the use of the clamp was preferable to ligaturing and returning the pedicle. He had never used the carbolic-acid spray. Dr. Keith, of Edinburgh, found he was more successful where it was not used than where it was.

Mr. LAWSON TAIT said that his trocar did not split the cyst wall, but only stretched it, and filled the hole, grasping it tightly, so that no fluid escaped. This was especially serviceable when the cyst wall was thin. He thought if the fluid was too thick to pass through his trocar, it would be too thick to pass through any. He agreed with Mr. Heath that it was best to return the pedicle, and close the abdomen. Mr. Wells's results by the extra-peritoneal mode were exceedingly good. This would do if the pedicle was long, but if very short he should prefer using the écraseur, and closing the opening.

CASE OF SUBCLAVIAN ANEURISM TREATED BY TEMPORARY COMPRESSION OF THE INNOMINATE ARTERY, FOLLOWED BY LIGATURE.

BY E. R. BICKERSTETH, F.R.C.S.,
SURGEON TO THE LIVERPOOL ROYAL INFIRMARY.

The patient, a strong, healthy-looking dock porter, aged forty, was admitted into hospital on April 15th, 1868. He was suffering from an aneurism of the third part of the right subclavian artery, traceable to a strain incurred while moving a heavy weight about three weeks previously. It was about the size of a hen's egg, and presented no features of difficulty in diagnosis. A review of the various plans attempted for the cure of this complaint seemed so unpromising that it was resolved to try temporary compression of the innominate artery. Mr. Porter, of Dublin, had attempted this in 1867 by means of an instrument not unlike a miniature lithotrite, between the blades of which the artery, after having been laid bare, was compressed. The pressure here, however, being rigid and unyielding, produced a slough in the coats of the vessel, and fatal hæmorrhage resulted. In this instance an attempt was made to secure elastic compression, sufficient to stop the flow of blood through the vessel, but not strong enough to injure its coats. The instrument was devised, consisting of a hollow stem with a transverse bar, having eyes at its extremities. In the hollow stem worked a screw, having also a transverse bar, to the extremities of which two india-rubber bands or accumulators were attached. A wire passed through the eyes of the lower bar, and was attached to hooks at the ends of the accumulators, and by means of this wire the artery was compressed against the lower transverse bar. By moving the screw the accumulators were put on the stretch and the wire tightened upon the vessel. The great difficulty was to find a suitable wire; one which should be quite pliable and supple, and yet sufficiently strong. Gold, copper, silver, aluminium, and lead were tried upon an innominate artery removed from the dead subject, upon which the instrument was placed, while a very powerful stream of water was forced along the vessel. The last-mentioned was adopted—namely, lead.

On May 5th the operation was performed. An incision was made parallel with the anterior edge of the sterno-mastoid as low as the sterno-clavicular articulation, and another from this point outwards along the clavicle. The flap thus formed was raised, the sterno-mastoid, sterno-hyoid, and sterno-thyroid cut through, and the sheath of the common carotid laid bare; this was followed down to where it meets the subclavian, and the innominate then came into view. A portion of the sheath of the latter was separated, an aneurism-needle armed with thread passed beneath the vessel, and by means of this the lead wire was pulled through. The clamp was passed down on the wire and screwed up, when pulsation in the aneurism and in the radial at once ceased. The end of the instrument was out of the wound a long way, and moved like the pendulum of a clock with every beat of the innominate.

For the first forty-eight hours everything progressed most satisfactorily, but at the end of that time pulsation was found in the tumour, and the house-surgeon on proceeding to tighten up the clamp, found that it did not act. A few hours afterwards Mr. Bickersteth, having had the patient put under chloroform, opened up the wound, and found that the constant sawing action produced by the impulse of the artery had cut through the lead wire at the point where it passed through one of the eyes of the transverse bar. As the instrument seemed now useless, two strong, silk ligatures were put beneath the vessel, one above and one below the point where the lead wire had been. This second operation was accomplished with the greatest ease.

The patient went on tolerably well till the evening of the fifth day after this last operation, when some hæmorrhage occurred. On the sixth day three attacks ensued, and on the last occasion the loss of blood was so great and so uncontrollable that the patient died rapidly in a convulsed

condition. Loose shot was poured into the wound on the last two occasions.

The post-mortem examination showed the wound healthy, the innominate from the aorta to the point of ligature filled with a firm tightly fitting clot, the common carotid empty, the subclavian empty as far as the aneurism, the aneurism itself filled with firm, laminated coagulum, and the subclavian beyond it also occluded. The aneurism was practically cured. The hæmorrhage had occurred on the distal side of the ligature.

Mr. SMITH asked Mr. Bickersteth if he would let the Society know on what grounds he had confidence in ligaturing an artery with carbolised catgut.

Mr. HOLMES, in reply to a question, said that the catgut ligature had been used several times. It had the superiority of being absorbed. He was accustomed to use it for sewing up wounds, as it melted away in the wound, and the patient was freed from the pain of its removal. There was one objection—that it might be absorbed too soon; but it would not if properly prepared. Since using it at St. George's there had been only one case of secondary hæmorrhage, and that resulted from the patient putting his foot to the ground too early; so that the danger was not from this. In using the catgut we had also the advantage of compression with ligature: it occluded but did not divide the vessel. The successful cases of ligature in continuity proved that primary union might occur when the artery was thus tied. Usually, in subclavian aneurism, the artery on the heart side was diseased; if so, no ligature would be of use. He did not think the antiseptic treatment should be lightly spoken of. There was no physical proof of the germ theory; but whether this was believed in or not, we had only to treat a number of cases by carbolic acid to find the good results. It was the most successful mode of treatment, and this was apart from all reasoning about the germ theory.

Mr. COUPER spoke of the good results of the antiseptic treatment at the London Hospital. Catgut had been used for ligaturing arteries for three years, and was equally trustworthy whether the wound was dressed antiseptically or not. In dissecting the stump of a thigh five weeks after amputation, he found the ligature distinct and enveloped in fibrous tissue.

Mr. SPENCER WELLS asked Mr. Bickersteth if he had applied silk ligatures in the way he had used catgut. Silk would not dissolve too soon; it would remain for six or seven weeks, or even three months.

Mr. BARWELL thought the absence of clot on the distal side of the artery remarkable. He remembered no case like this. Was it washed away when the wire broke?—if so, would not a ligature primarily applied have done better?

Mr. BICKERSTETH replied that the result from catgut ligatures with him was so remarkable and successful that he did not resort to any other proceeding. Where silk was used the vessels must be cut through; not so with catgut, and so there was no fear of secondary hæmorrhage. He had not used silk in this way, but he had knowledge of one such case. Silk ligatures, as in ovariotomy, might be returned into the abdominal cavity without any bad result. He thought that the secondary hæmorrhage had occurred in the ordinary way from the distal end; no clot being there did not surprise him. He did not think the ligature of the vessel was prejudiced by the previous application of the wire clamp; he ligatured in two places because he feared that the vessel might have been injured.

MEDICAL SOCIETY OF LONDON.

MONDAY, NOVEMBER 18TH, 1872.

MR. THOMAS BRYANT, PRESIDENT, IN THE CHAIR.

MR. BOND related an interesting case of Poisoning by Sulphuric Acid. On August 28th, C. B——, a woman aged thirty-one, was found in St. James's-park on her hands and knees, vomiting violently. She was brought to King-street police-station in a very exhausted state, but sufficiently conscious to make known that she had taken sulphuric acid. She appeared to be in great agony. Copious draughts of chalk and water were administered, and she vomited a large quantity of black matter, apparently food recently taken. She was removed to an infirmary, and during the night was delivered of a full-grown child. She rallied, and gained strength, progressing favourably for a fortnight, when she complained of sickness and a difficulty in swallowing her food. On examination, a large circumscribed swelling, commencing opposite the cricoid cartilage, and extending down the course of the trachea two inches, was found, moving on deglutition. Mr. Bond attempted to pass a stomach-pump, and also a No. 6 gum-elastic tube, but without success. In a few days she was unable to take any fluid whatever. He was advised against the operation of gastrotomy, and instead he inserted a piece of stiff copper wire into a No. 6 tube, and, after much difficulty, forced it through the stricture and into the stomach, and injected sustenance twice a day, the size of the tube being increased. The swelling disappeared, but the patient gradually got weaker, and died on the 4th of October. At the post-mortem examination the mouth and fauces were found quite recovered from the effects of the acid; and, on opening the œsophagus, no traces of stricture, nor any exudations, but complete absence of the mucous membrane (specimen shown). The mucous membrane of the stomach was quite black, and partially detached at the cardiac extremity, and underneath it patches of fibrinous exudation one-fourth of an inch thick. The deductions Mr. Bond drew were—first, that a stricture of the œsophagus may be safely dilated, and that probably the fibrinous exudation observed under the coats of the stomach had also taken place in the œsophagus, and was the cause of the stricture; secondly, that the operation of gastrotomy must have been ineffectual, as the woman died from the injury done to the coats of the stomach.

The President, Mr. Bell, Mr. Hogg, and Mr. Adams then entered into a discussion on Mr. Bond's case.

The PRESIDENT showed a specimen of extensive Hip-joint Disease. The patient was a man subject to chest disease, which precluded operation. There was a small sequestrum of bone projecting into the acetabulum, which had set up inflammation and absorption of living bone, and he thought this illustrated the mode of separation of sequestra. The sequestrum in olden times was called the "tubercle" in bone. It showed the occurrence of ostitis in adults.

Dr. ROUTH read a paper

ON OVER-WORK AND PREMATURE MENTAL DECAY, AND ITS TREATMENT.

After some well-merited praise to the efforts of Dr. Richardson in the same direction, and some remarks on the nature of the present hard-working and competitive age as compared with former ages, he proceeded to show, upon the authority of Dr. Elam, that there had been a very large increase in the mortality from diseases of the brain in England; the increase of the population being thirty per cent., while the mortality from diseases of the brain had increased fourfold. So deaths from paralysis and apoplexy had increased from 10,000 to 22,000 annually; deaths from insanity had also nearly doubled; and he showed that there was a direct relation in this increase with the agitation of the times. Dr. Maudsley and others had endeavoured to show that this numerical increase was due to increase of population, and better search after and segregation of the insane. In the last-published report of the Commissioners in Lunacy, the ratio per thousand of the total number of lunatics, idiots, and persons of unsound mind to the population showed an increase each year from 1869, when it was 1·86, down to 1872, when it reached 2·54. The author then enumerated the symptoms of mental decay, showing that they resembled the gradual change that came over old people, and yet were very similar also to those induced by venereal excesses in both sexes, except that in the latter there were symptoms of spermatorrhœa, which were absent in cases suffering from over-work. In both cases the tendency was to the production of idiocy from softening of the brain and insanity. He said there was reason to believe that the immediate cause of these symptoms was deficiency of phosphorus in the brain, endeavouring to prove this by considering *seriatim* the following points:—1st. It is proved chemically that as a man grows older and mentally weaker, or becomes idiotic, so the brain contains less phosphorus; this was shown by the analyses of Heritier. 2nd. The solidity of the brain in a measure depended upon protagon, a phosphoric compound, and those foods which were richest in phosphorus were found by experience to renovate most speedily weakened brain-power, such as

shell-fish and fish generally. 3rd. The assertion made by some, that phosphorus could only be assimilated by previous conversion into phosphoric acid, was combated, the effects of the two being shown to be perfectly different, phosphoric acid producing in large doses fatty degeneration of the heart, liver, and kidneys, whereas phosphorus produced necrosis of the jaw-bone, and excited the nervous and sexual system. The opinion of Dr. Von Bibra was also quoted in evidence of this. Phosphorus also reduced or removed congestion of the brain. 4th. Dr. Routh next showed that those diseases produced by weakened nervous matter, or anæurosis, were precisely those which were cured oftentimes by the internal administration of phosphorus—viz., some forms of paralysis, eczema, and other skin affections, cerebral congestions with great debility and insomnia. The authority of several writers was cited on these points—Delpech, Professor Fischer, of Berlin, Dr. Eames, Dr. Burgess, and Dr. Hammond, of New York. 5th. The special treatment indicated in these cases was next considered. (1) Complete rest of mind, especially abstention from all occupations resembling that upon which the mind had been over-worked. (2) The encouragement of any new hobby or study, not in itself hurtful, which the patien tmight select. (3) Tranquillity to the senses which especially give in these cases incorrect expressions, putting only those objects before them calculated to soothe the mind. (4) A very nourishing diet, especially of shell-fish. (5) The internal administration of phosphorus, whether in its allotropic form or as the "solutio phosphori medicati," prepared according to Dr. Hammond's formula. (N.B. To be had of Mr. King, Crawford-street.) Some cases bearing out the author's views were subjoined, but not read, owing to the lateness of the hour.

Dr. FARQUHARSON thought that this high-pressure age involved competition almost before the child was out of petticoats: he could not get into a public school without a severe examination. Many great minds gave way now under over-pressure and worry; this was the case very much in England. Those incomparable workers, the Germans, were wiser; their hours were earlier. He had seen overwork in boys set in as a sharp febrile disorder: there were symptoms of severe brain disorder, which was followed by loss of mental power. Care was required in allowing patients to resume their ordinary active intellectual work. It was very important to procure sleep. Small doses of narcotics were not so useful as fuller doses.

Mr. JABEZ HOGG asked if any ophthalmoscopic examination had been made. He had found the retina in an anæmic state.

The PRESIDENT thought it was rather over-worry than over-work that was injurious to the full-grown brain. Neglect of ordinary hygienic rules, accompanied by worry and much work, was injurious. Over-work was, he thought, injurious to the young, but not to the adult.

Dr. ROUTH concurred generally in Dr. Farquharson's views. He (Dr. Routh) had not made any ophthalmoscopic examinations. He thought worry was an evidence of failing power. Anything which exhausted phosphorus in brain caused failing mental power; its restoration was therefore indicated.

Reviews and Notices of Books.

The Expression of the Emotions in Man and Animals. By CHARLES DARWIN, M.A., F.R.S. With Photographic and other Illustrations. pp. 374. London: Murray. 1872.

[FIRST NOTICE.]

THE expression of the emotions commences so early and is so constantly before us, we are so accustomed to read the passing thought in the play of feature and the gestures of the body, that we scarcely realise the complexity of the muscular actions by which they are effected, or the difficulties that present themselves in attempting to frame a rational explanation of their cause. Why, in the full expression of the pleasurable emotions of the mind producing laughter, should the eyes sparkle, the orbicularis palpebrarum and occipito-frontalis, the risorius, and zygomatic contract, the orbicularis oris relax, the breath be expelled in short puffs, the vocal cords be approximated so that musical sounds are produced, and a flood of nervous energy, especially in children, be directed to the extremities?—and how comes it that such feelings are expressed in a nearly similar manner by all the varieties of the human race? How is it, again, that grief is recognisable in all sorts and conditions of men by the contraction of the corrugator supercilii and depressor anguli oris, the tear in the eye, and, where unrestrained by screams, interrupted inspiratory efforts and general muscular movements? Such are the questions that Mr. Darwin proposes to solve in the work before us; and, though it must be admitted that here and there his explanations are far-fetched, it is not easy in any instance to substitute better.

Mr. Darwin considers that the three following principles will account for most of the expressions and gestures involuntarily used by man and the lower animals, under the influence of various emotions and sensations:—1. The principle of serviceable associated habits. And this he proceeds to explain by stating that certain complex actions are of direct or indirect service, under certain states of the mind, in order to relieve or gratify certain sensations, desires, &c.; and whenever the same state of mind is induced, however feebly, there is a tendency, through the force of habit and association, for the same movements to be performed, though they may not then be of the least use. Some actions ordinarily associated through habit with certain states of the mind may be partially repressed through the will, and in such cases the muscles which are least under the control of the will are the most liable still to act, causing movements which we recognise as expressive. In certain other cases the checking of our habitual movement requires other slight movements, and these are likewise expressive. 2. The principle of antithesis. Certain states of the mind lead to certain habitual actions which are of service, as under the first principle. Now, when a directly opposite state of mind is induced, there is a strong and involuntary tendency to the performance of movements of a directly opposite nature, though these are of no use, and such movements are in some cases highly expressive. 3. The principle of actions due to the constitution of the nervous system, independently from the first of the will, and independently to a certain extent of habit. When the sensorium is strongly excited, nerve-force is generated in excess, and is transmitted in certain definite directions, depending on the connexion of the nerve-cells, and partly on habit; or the supply of nerve-force may, as it appears, be interrupted. Effects are thus produced which we recognise as expressive. This third principle may, for the sake of brevity, be called that of the direct action of the nervous system.

Upon one or other of these three principles Mr. Darwin thinks that most of the different movements that express our emotions may be explained. In regard to the first category of serviceable associate habits he first considers reflex actions, and thinks that many were originally performed consciously, but have become fixed by constant repetition in successive generations of animals; that they are now performed, not only when the same sensation as that by which they were originally called forth is experienced, whether strong or weak, but even when an analogous or associated sensation is felt, though they may now no longer be of any use. The winking of the eyelids on the sudden approach of any object, coughing, and sneezing, are examples of useful reflex action; whilst the scratching movements made by dogs, wolves, and jackals, after voiding their excrement, as if to cover it, and many other instances, are, on the other hand, examples of reflex inherited movements,

now become purposeless. The sudden start and deep inspiration when a loud sound is heard appears to occupy an intermediate position between the two above mentioned; the latter complex operation being the natural preparation for any violent effort. Mr. Darwin remarks that the violent action of the heart which accompanies the start of terror is an instance of an organ which has never been under the control of the will partaking in the general reflex movements of the body which he finds difficult to explain. And so in regard to the contraction of the iris when the retina is stimulated by a bright light, he observes that this is another instance of a movement which cannot have been at first voluntarily performed, and then fixed by habit; for the iris is not known to be under the conscious control of the will in any animal. Now there appears to be a feasible explanation of the violent throbbing of the heart in the start of terror in the contraction of the smaller vessels which accompanies such fear. This, with the violent contraction of many muscles, would surcharge the heart with blood, and it would naturally beat vigorously and rapidly to unload itself. In regard to the iris, Mr. Darwin must have for the moment forgotten the birds, many of which appear to have a voluntary power over the movements of the iris; which power, if possessed by other animals in our own ancestry, would obviate the necessity of recurring to more recondite explanation, though, as he says, the "radiation of nerve-force from strongly excited nerve-cells to other connected cells—as in the case of a bright light on the retina causing a sneeze—may, perhaps, aid us in understanding how some reflex actions originate."

The principle of antithesis he illustrates by descriptions and very faithful drawings (made by Messrs. Rivière, May, and Wood) of dogs and cats in an angry and affectionate frame of mind, showing how the ordinary position and movements of the animals are reversed according to their mood, though precisely opposite in the dog as compared with the cat.

The principle of the direct action of the nervous system on the body he illustrates by the change of colour in the hair, which follows great mental emotion; trembling, though he omits as one of the causes of trembling anxiety, which cannot be included under either fear, joy, or anger; and the movements accompanying rage, pain, &c.

The fourth and fifth chapters are occupied with the means of expression in animals generally, and the special expression of certain animals. Amongst the former are the emission of vocal sounds, the erection of the hair or crest, and the inflation of the body, the clattering of spines as in the porcupine, or of scales as in the rattlesnake; the opening of the mouth and retraction of the ears as in all carnivora, and, as Mr. Darwin believes, in all animals that fight with their teeth, may be enumerated, whilst amongst the latter, as might be expected, he singles out the dog, the cat, the horse, ruminants, and monkeys, and he gives many interesting details in regard to the manner in which they express their emotions. Dogs and the higher monkeys he thinks undoubtedly express pleasure by grinning and incipient smiles; chuckling and a kind of laughter can be induced in chimpanzees and young orangs by tickling or presentation of favourite food.

The Physicians and Surgeons' Visiting List, Diary, Almanac, and Book of Engagements for 1873. London: John Smith and Co., Medical Stationers, Long-acre.

The British Almanac and Companion, or Year-book of General Information for 1873. London: Printed for the Company of Stationers, and sold by J. Greenhill, Ludgate-hill.

AMONG the things which remind us how the years are ebbing away, and how soon the successor of 1872 will put in its appearance, is the season for the arrival at our office of a batch of almanacs and diaries for 1873. First of all we encounter the well-known "Physicians and Surgeons' Visiting List," which is now in the twenty-seventh year of its age, and promises to go on for many a long year yet; indeed, the end of the career of Smith's Visiting List will probably be coincident with the end of doctors and patients.

"The British Almanac and Companion" has attained its forty-sixth year. It contains, as usual, a large amount of excellent and useful general information, which is very well arranged. It is cheap enough at four shillings—the price of the volume when the Almanac and Companion are bound together.

THE FOSSIL MAN AT MENTONE.

BY J. HENRY BENNET, M.D.

ALTHOUGH I was at Mentone on the discovery of the Fossil Man on the 26th of last March in the Baoussé Roussé caverns by my friend M. E. Rivière, and although I have followed with intense interest each successive stage of his researches, I have hitherto refrained from sending an account of the discovery. I wished to give time to my friend M. Rivière—a distinguished geologist entrusted by the French Government with the scientific exploration of the Mentone caverns—to clear up all the facts connected with his important discovery. This he has now done; and I am able to place before the scientific world in England accurate data derived from an exhaustive memoir which he is about to publish, the proofs of which he has placed in my hands. This I do with his entire consent and approbation.

Up to this time M. Rivière himself has been anxious that no premature or immature statements should be made on his authority, and he has had no part in the sensational statements that have appeared in the literary press. Now, however, that he has cleared up the actual facts of the case, he is desirous to see them placed before the scientific world.

The skeleton was carefully taken up last April, and transferred to Paris, where it lies in the anthropological department of the Geological Museum, and where it has been examined by many of the most eminent scientific men of the day. Most of the bones, instruments, and fossils found in the cavern above, around, and below the skeleton have been minutely investigated and studied by M. Rivière, with the assistance of Professors Gervais and Senechal for the animals, and of Professor Deshayes for the shells. Their specific characters have thus been accurately defined and settled. It is this fact that gives extreme value to M. Rivière's forthcoming publication, which the present statement forestalls.

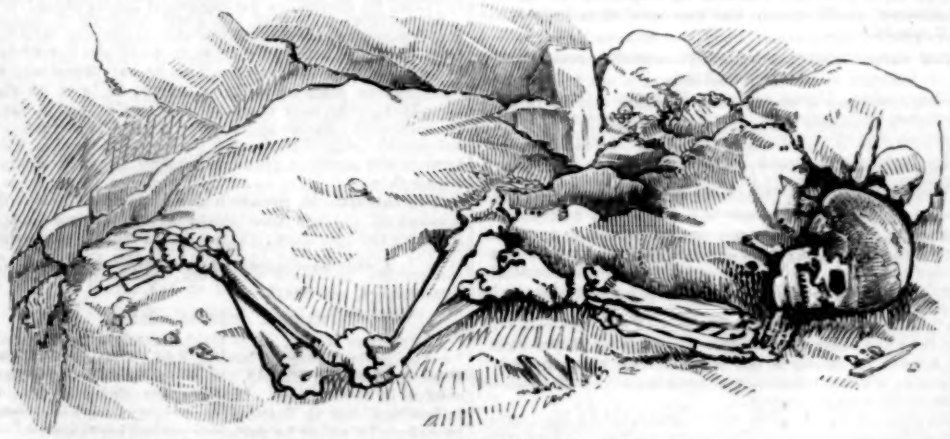
The bone caverns at Mentone have for some years past attracted the attention of scientific geologists. I have given a complete account of them in the successive editions of my climate work, "Winter and Spring on the Shores of the Mediterranean," and cannot better or more briefly describe them than by copying a paragraph from my last edition (1870): "On the shore, at the entrance of the eastern bay, in the 'red rocks,' as they are called, are several good-sized caves, which contain in great abundance organic remains—the bones of large and small mammifers,—imbedded in hard sand, ashes, and in calcareous matter. The organic remains thus imbedded cover the floor to a depth of many feet, and are mixed with the flint weapons and utensils and knives which have excited so much attention during the last few years, testifying as they do to the existence of races of savage men in far back pre-Adamite times. The existence of flint weapons among the bones found in the Mentone caves was first publicly announced, I believe, in 1856 by M. Forel, a Swiss geologist. He published in 1860 a memoir, in which he gives the result of his researches. M. Forel's investigations were principally made in the third and fourth caves, counting from Mentone. He found a

great quantity of broken bones, shells, remains of crustacea, mollusca, and pieces of charcoal. Along with these he discovered many fragments, splinters of flint, and also many arrow and lance heads, spear-points, and triangular pieces of flint, evidently intended for knives. The bones belonged to stags, sheep, boars, horses, wolves, dogs, cats, rabbits, a large carnivorous animal, one to the Bos primigenius, a large bull that belongs to the glacial period. During the winter of 1862, and subsequently, Mr. Moggeridge, of Swansea, continued these researches with the same result..... The existence of these bones at Mentone, along with the geological features of the district (oolitic limestone—upper cretaceous), draws attention to one of the most interesting and difficult geological questions of the day. These flint instruments were evidently made by men, and by men to whom the first dawn of civilisation was unknown, who were living as savages now live in Australia. They knew how to make fires, as the pieces of charcoal show. They lived evidently in the caves, and destroyed the animals, the bones of which form the floor, by means of the flint weapons; feeding on their flesh. The question is, When did they live? (The flints and instruments they made are often found mingled with the remains of animals long since extinct, belonging to pre-historical geological periods of the earth's history.).....Up to the present time there has been no discovery of human bones under such circumstances as to prevent doubt or cavil, although several presumed discoveries have been brought forward. This is at present one of the difficulties of the question. Scientific men, however, are on the look-out, and expect from day to day to discover them. We may, therefore, join in the search at Mentone, and perhaps find the solution to this mystery so anxiously desired!"

The above extracts give a very fair idea of the state of things at the Mentone caverns, when M. Rivière's final discovery of the fossil skeleton was made; and it is rather singular that I should have prophesied the discovery, as it were, in the last paragraph quoted from my work.

M. Rivière had been working for several winters at the Mentone caves under the auspices of the French government, and had found thousands of fossils, bones, and instruments of bone and silex, but no human remains. He would never, in all probability, have found his fossil man had it not been for an accidental circumstance.

In passing along the coast, the railway from here to Genoa had to pass through a deep cutting made at the base of the red rocks, in front of the bone caverns. This cutting immediately in front of the fourth cavern is about twenty-one feet deep. M. Rivière had, as he thought, exhausted this cavern in his previous long and arduous researches, and had given up all idea of pursuing them any further. The cutting, however, revealed deeper treasures, in fossils and instruments, so he set to work with renewed vigour. He had been excavating for three months, passing all the soil raised through a sieve in order to lose nothing



From a Photograph of the Fossil Man lying as found in the Mentone Cave.

whatever, and had reached inch by inch a depth of 6 m. 66 c. (about nineteen feet) below the original surface of the cave, when he came upon the skeleton.

I saw and carefully examined it on the 29th of March, three days after the first discovery, when it was still two-thirds embedded in the compact soil of the cave, along with Professor Hughes Bennett, of Edinburgh, and Dr. John Martin, of Portsmouth, the eminent dentist. M. Rivière was obliged to scrape and separate the soil from the skeleton with the utmost care. This labour took him above a week, so anxious was he to do no injury to the bones. The skeleton, that of a man above six feet in height, was in a recumbent, semi-curved state, as in sleep or repose. Death must have come suddenly during sleep, or quietly during repose. There had evidently been a rude kind of inhumation, for there were some large stones behind and round the head, and on and around the skeleton was found a metallic powder, apparently iron. The calcareous earth of these rocks, it may be observed, contains a considerable amount of iron, so much so that a fracture soon reddens by oxidation of the iron. The iron had evidently helped to preserve and fossilise the skeleton. Still the body clearly lay where it had died, and in the attitude in which death had overtaken it, under the shelter of the cavern, the feet towards its recesses, the head to the entrance.

The skeleton is that of a tall man, all but perfect, having no resemblance whatever to that of the orang outang or of any monkey. The skull is elongated, very convex superiorly, dolicephalic; teeth all present in upper maxillary, which was entirely seen. The lower maxillary was only half exposed, but the teeth in that half are all perfect. The molars are worn flat, as if, says my friend Dr. Martin, by the trituration of hard food. The orbital cavities are very peculiar, different in their length and diameter from those in any known race of men, and rather similar to those of the skull No. 1 found at Cro-Magnon, in Perigord, in 1868. M. Rivière thinks this peculiarity alone may imply a prehistoric lost type of man. The only means by which we can possibly determine the period at which this fossil man existed is the study of the fossils, instruments, &c., found above, around, and below the skeleton. As I have already stated, M. Rivière has taken every possible trouble and precaution to clear up this element of the case. In his memoir he gives separately the list of the fauna found in the twenty-one feet of soil above the skeleton, and the list of the fauna found immediately in contact with the skeleton, around, and immediately below. The two lists are as follows.

FAUNA OF THE CAVE SOIL ABOVE THE FOSSIL MAN.

Carnivora.—Ursus spelæus, Ursus arctos, Hyæna spelæa, Felis antiqua, F. spelæa, F. lynx, F. catus, Canis lupus, C. vulpes, Mustela.

Pachyderms.— Rhinoceros tichorhinus, Equus caballus, Sus scrofa.

Rodentia.—Arctomys primigenia, Lepus cuniculus, Mus tectorum, M. arealis, M. muscardinus.

Ruminantia.—Bos primigenius, Cervus alces, C. elephas, C. canadensis, C. corsicanus (?), C. capreolus, Capra primigenia.

Birds.—Falco, Corvidæ, Partridge, Pheasant.

Mollusca.—The shells of mollusca were very numerous, and the mollusca that inhabited them no doubt served as food for the men who lived in the cave. Some of these shells were entire, some were broken. Some were perforated, and were probably used for personal ornament. The mollusca are both marine and terrestrial.

The marine shells are: Pecten Jacobæus, P. maximus, Cerithium reticulatum, C. fuscatum, Scalaria communis, Turritella communis, Cassidaria echinopora, Cassis sulcata, C. saburon, Litorina littoralis, Fusus rudis, Conus Mediterranea, Natica (?), N. nitida, N. maculata, Nassa neritea, N. mutabilis, N. reticulata, N. gibbosa, N. inorassata, Buccinum corniculum, Cypræa spurca, C. pyrum, C. coccinella, Mitre, Purpura lapillus, Nummulites perforata, Cerithium cornucopiæ, Pleurotorna unditiruga, Polypus, Pectunculus glycemeris, Mytilus edulis, Patella ferruginea, P. safiana, P. Ulyssiponensis, P. cærulea, P. vulgata, P. lusitania, Haliotis lamellosa, Cardium rusticum, C. edule, Dentalium rectum, D. tarentinum, D. novemcostalum, Turbo-rugosus, Trochus turbinatus, T. tessellatus, T. Jussieni, T. Richardi, T. erythroleucus, Chenopus pespelecani, Turbinella liguaria, Columbella rustica, Cerithium vulgatum.

Terrestrial shells: Cyclostoma sulcatum, Helix vermicula, H. aspera, H. candidissima, H. cespitum, H. elegans, H. rufescens, H. Niciensis, Bulimus decollatus, Pupa similis, P. quadridens.

FAUNA FOUND IMMEDIATELY ABOVE, AROUND, AND BELOW THE SKELETON.

Felis spelæa, Ursus spelæus, U. arctos, Canis lupus, Erinaceus, Rhinoceros, Equus caballus, Sus scrofa, Lepus cuniculus, Bos primigenius, Cervus alces, C. elephas.

The instruments found in this cavern are in bone, in deer-horn, or in stone; or in silex from the chalk formation which exists in the neighbourhood. Those in bone and horn are arrows, pointed instruments, needles, and instruments apparently destined to flatten the threads of sewn skins. Among them was one that appears to have been a commander's baton or staff. The stone and silex instruments were found by the thousand, if fragments and scales are to be counted. Most are well preserved, and many entire. The commonest forms are scrapers. They are made of silex from the chalk, or of agate. They are roughly worked, and appear to belong to the oldest-known stone period—the one in which instruments in bone are rare and those in stone much more numerous.

The skull of the skeleton was ornamented by Mediterranean shells—the Nassa or Cyclonassa neritea. There were also on it twenty-two canine teeth of the Cervus. At the side of the head was a poniard, or javelin, made out of the radius of a deer. Behind the head were two triangular blades in silex.

For more precise and ample details I must refer to M. Rivière's memoir, which, as I have stated, will very shortly appear in Paris. M. Rivière draws no positive inference from the data he lays before the scientific world; he merely gives the facts of his discovery clearly and exhaustively. Discretion bids me to imitate his example, but I cannot help drawing attention to the fact that in immediate proximity to the skeleton were found the remains of a fauna long extinct, belonging, indeed, to the prehistoric or geological epoch of the earth's existence. However, the facts of the case being now cleared up, we must wait for the verdict of the accomplished geologists who lead public opinion.

Mentone, November 24th, 1872.

SURGICAL SOCIETY OF IRELAND.—The following office-bearers have been elected for the ensuing year:—President: Frederick Kirkpatrick. Vice-President: John Denham. Council: Robert Adams, Charles Benson, Philip Bevan, Richard G. H. Butcher, Thomas Byrne, William Colles, Henry G. Croly, Christopher Fleming, Edward Hamilton, William Hargrave, James Stannus Hughes, Hans Irvine, Archibald Jacob, William Jameson, Rawdon Macnamara, Edward Dillon Mapother, Humphrey Minchin, George H. Porter, Benjamin Wills Richardson, Michael H. Stapleton, Jolliffe Tufnell. Honorary Secretaries: B. W. Richardson and J. Tufnell.

Foreign Gleanings.

OPHTHALMIC ZONA AND THE OCULAR LESIONS THEREWITH CONNECTED.

M. HYBORD has collected ninety-eight cases of the above, and made their analysis the subject of an inaugural thesis. The following are among the chief conclusions arrived at by the author:—Ophthalmic zona is an herpetic eruption developed in the territory of the first branch of the trifacial; with this cutaneous eruption coexist ocular lesions, especially iritis and keratitis; the zona is the cutaneous expression of the irritation or inflammation of distinct parts of the nervous system (mixed nervous trunk, sensitive nervous trunk, spinal ganglion, sensitive posterior root, posterior columns of the cord); ophthalmic zona is the cutaneous expression of the first branch of the trigeminus (either through Gasser's ganglion or the ophthalmic branch); the lesions of the cornea and iris are of the same character, and are due to inflammation of the ciliary nerves of the nasal branch; the cutaneous eruption and ocular lesions do not depend upon paralysis of the vaso-motors and upon consecutive neuro-paralytic hyperæmia; they must be ascribed to a direct influence of the nervous system on nutrition.

GASTROTOMY IN CASES OF FIBROUS PERI-UTERINE TUMOURS.

At a recent sitting of the Paris Academy of Medicine, Dr. Demarquay, supporting the views expressed in a paper from M. Boinet, argued that gastrotomy was not advisable in cases of peri-uterine fibrous tumours. They might, he said, remain stationary for a long time, and be finally atrophied; they were compatible with life, which was not the case with ovarian cysts; they seldom took such a development as to threaten life; the ablation of a uterine tumour was always a grave proceeding unless there existed a long thin pedicle, as in ovarian tumours. Even when life was threatened, the operation should not be attempted, on account of (1) the uncertainty as to the possibility of finishing the operation; (2) the risk of mortal hæmorrhage; (3) the length of the operation; (4) the gravity of such consecutive accidents as shock, peritonitis, secondary hæmorrhage, and death.

RADICAL CURE OF HERNIA.

El Progresso Medico, of Madrid, records a new procedure for the radical cure of hernia, due to Professor Egea, of Princess Hospital, Madrid, and which has already been successful in three cases. M. Egea, struck by the idea that failure was due to incomplete invagination, has adopted a procedure by which he performs perfect invagination. For this purpose he makes use of an ordinary thimble, having a hole at the end and a lateral groove in which a transversal bit of steel may be moved. Hernia being reduced, invagination is effected with the left index; a long lance-like needle, with a strong thread passing through the hole in the thimble, is introduced upon the index, and is thus carried from within outwards, through the fundus of the invaginated sac, the neck of the hernial sac and the abdominal walls, as high in front and externally as possible, so as to avoid wounding the internal organs. The needle thus draws upward the thread whose other extremity is attached to the bit of metal placed transversely in the thimble, and the thimble, thus dragged upwards, gets into the invagination and takes the place of the index. The thimble is then secured in its position by means of a suture, whilst the thread is attached to an immovable bandage round the body.

MORBID ANATOMY OF TETANUS.

In a recent communication to the *Société de Chirurgie*, Dr. Verneuil, of Lariboisière Hospital, drew the attention of his colleagues to the lesions observed in the situation of the lungs in tetanus. He did not refer simply to such disorders as strangulation through laryngeal spasm, or asphyxia through contraction of the inspiratory muscles (removed by constant electric currents), but more especially to direct lesions of the lungs, such as pneumonia and capillary bronchitis, which result from trophic disturbance occasioned by violent irritation of the cord, and explain the sudden rise of temperature and great aggravation of prognosis. He therefore insisted on the necessity of (1) exploring the state

of the lungs during the attack of tetanus; (2) examining their condition at the post-mortem; (3) studying the correlation which may exist between the rise of temperature during life and the condition of the lungs after death.

THE VASCULAR LESIONS OF TUBERCULOSIS.

M. Thaon thus sums up his researches on the above in the *Mouvement Medical*:—The obliteration of bloodvessels is a constant occurrence in tuberculosis; the obliteration takes place either through coagulation of blood or vegetating endarteritis; new vessels often form in the neighbourhood.

ADVANTAGES OF TOW FOR DRESSING WOUNDS.

Dr. Jansen, of Belgium, advocates the advantages of tow such as is prepared by M. Brocker, chemist. The tow is first subjected to the action of carbonate of soda, then cleaned with a solution of hypochlorite of soda, and carefully dried. Dr. Jansen prefers this to charpie for dressing wounds.

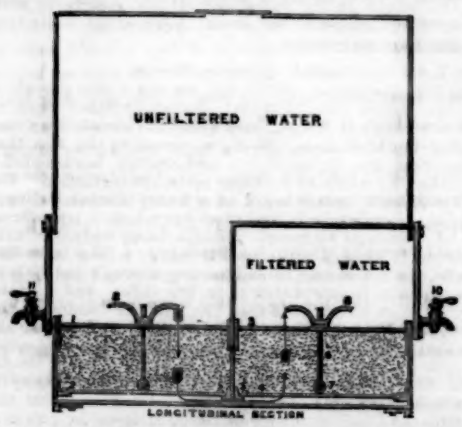
SANGUINEOUS HYGROMA OF THE PRE-PATELLAR SEROUS BURSA.

The chief interest of this case consists in the fact of the spontaneous elimination of the sac. The sac was incised, and by means of slight excitement it fell off gradually from the adjacent tissues.—Recorded by Dr. Piéchaud in *Bordeaux Médicale*.

New Inventions.

CREASE'S PATENT TANK-FILTER.

CAPTAIN CREASE, of the Royal Marine Artillery, has invented a filter which promises to be of invaluable service on board ships and in other situations where space is of consequence. The filter and the water-tank are one and indivisible, and the space which the filter itself occupies is, when compared with the bulk of the tank, utterly insignificant. The first advantage which Captain Crease may claim for his filter is therefore compactness. The second point is, that all water which is stored in the tank must be filtered before it is drawn off at the tap. There is no possibility of making use of unfiltered water. The third point is, that the tank can be filled as quickly as one likes, and the water is filtered at leisure; and, fourthly, that as the filtering takes place under considerable pressure, the filter does not get quickly clogged, an advantage which all who have a practical knowledge of filters will admit is a very great one. By an ingenious and patent method Captain Crease has contrived to line the filter with Portland cement, which can be cleaned almost as readily as a surface of porcelain, or, if need be, a fresh coating of cement can be readily applied. The accompanying plan explains the construction of the filter, which is extremely simple. It is a tank within a tank, the water filtering from the large compartment into the small one. The filtering medium is coarsely powdered animal charcoal, which is placed between the perforated plates 1, 2; 3, 4. The plates are then screwed as tightly as is necessary. The unfiltered water therefore descends through one filter (1, 2) and ascends through another (3, 4), and is drawn off through the tap (10). The other tap (11) is merely for the purpose of drawing off the water when the tank needs cleansing. The construction is exceedingly simple, and by drawing off the water and unscrewing a few nuts, access is gained to both compartments of the tank, so that when necessary the charcoal can be removed and washed or reburnt. The tanks are made of any size. We have had an opportunity of inspecting one of 400 gallons, which has been constructed for H.M.S. *Crocodile*, and we were much pleased with the very satisfactory way in which it did its work. The tank was filled, at our request, with black, stinking ditch water, which happened to be at hand, and in five minutes from the commencement of the filling, perfectly clear inodorous and tasteless water came bubbling through the stratum of charcoal into the filtered compartment. The filter seems to possess all the qualities which should be found in such an apparatus. It does its work thoroughly and very quickly. Its construction is simple, it cannot get out of order, it is very compact, and is readily cleansed. We hear that Mr. Göschen has been very favourably impressed with the filter, and that many of Her Majesty's ships have been fitted with it. We hope that the Emigration Commissioners will see that an apparatus of this kind is supplied to all emigrant ships. Nothing is of greater importance on board ship than a supply of good drinking water, and we congratulate Captain Crease on the success of his useful and clever invention. The filters are manufactured by John Bellamy and Co., Tank makers, Byng-street, Millwall, E.



HAWKSLEY'S NEW WEIGHING-MACHINE.

A CONVENIENT weighing-machine must be regarded as an important item in the appliances used by the practitioner to test the physical condition of patients. But the great bar to its more frequent presence in the consulting-room or the surgery has hitherto been the expense. The objection on this score has been considerably lessened by Mr. Hawksley, who has brought out a weighing-machine which is both satisfactory in its working and comparatively low in price. The apparatus consists of a platform or table, standing about six inches above the floor, and large enough for anyone to stand upon conveniently. At one end of the platform rises a pillar about 3 feet 6 inches high, and from this, at a right angle, projects a guarded brass beam or lever, 13 inches long. This is engraved on both sides to suit the convenience of the observer, and is graduated into pounds and parts of a pound. Sliding on this lever is a small plummet for accurately ascertaining the weight of the patient, and at one end is a receptacle for the weights, representing a quarter, half, and one hundredweight. The brass lever has two adjustments by which the apparatus may be corrected, so that the necessity of sending it to the maker is removed. Every part is well and strongly made. It is essentially useful and not ornamental. One of the features of construction in the apparatus is patented.

THE LANCET.

LONDON: SATURDAY, DECEMBER 7, 1872.

THE more carefully Mr. STANSFELD's statement to the deputation from the Executive Council of the South-Eastern Branch of the British Medical Association is considered, the more certainly it would appear that some of the most important objects of recent sanitary legislation have been frustrated by the action of the Local Government Board. Indeed, there is serious danger lest the essential purposes of the Act under which the Local Government Board was framed, and of the Public Health Act of 1872, should be rendered abortive by the mode in which these Acts have been interpreted by Mr. STANSFELD. It is obvious from Mr. STANSFELD's statement that, except in name, the old Poor-law executive and organisation exists in the fullest vigour, and that it has usurped to itself the style and powers of the Local Government Board. The Local Government Board as yet has existed only as a name, and we have still to deal virtually with the old Poor-law Board, with its president, and with its officials. The administrative organisation of the Poor-law Board and of its staff (except the Medical Department) is the administrative organisation of the Local Government Board, even in the relations to the president and the secretaries; and we learn from *The Times* that the former sanitary engineering department of the Home Office has been absorbed in this organisation, its existence as a department coming to an end. This fact furnishes a clue to the astonishing confession of Mr. STANSFELD that the relations of the Medical Department—the former Health Department of the Government—to the new Board are not yet determined. We can well conceive that Mr. SIMON's department has proved too tough and big a morsel even for the insensitive and anaconda-like swallow of Poor-law organisation.

What has happened was not unforeseen, although it was believed that, in view of the discussions which occurred in Parliament, and of the conclusions of the Royal Sanitary Commission, the minister entrusted with the administration of the new Acts would avoid the pitfall. The Royal Sanitary Commission were careful to point out that, if the central destitution-administration and central health-administration should be brought under the charge of one responsible minister, his title "should clearly signify that his charge is of *two distinct though correlative departments*." Again, they stated that this minister, as representing the Central Authority, should "preside over *Sanitary administration as one sub-department, and over Poor-law administration as another sub-department*." Now the "title" of the Local Government Board may be taken to signify what the Royal Commission desired that it should signify; but the sub-departmental organisation recommended has not been adopted, and hence the insufficiency and imperfection of the action of the Local Government Board. Mr. STANSFELD has not shaken himself free from the trammels of Poor-law administration and risen to the dignity of a position of which the Poor-law administration forms but a correlative branch with sanitary administration. So completely is this the case that, taking the report of Mr. STANSFELD's statement as it appears in *The Times*, we find him identifying himself with what should be the Poor-law Department as if he were still President of the Poor-law Board. He speaks, for example, of "making the Poor-law inspectors the Local Government Board inspectors for all purposes between *this department* (!) and local bodies, including boards of guardians."

To say that the Local Government Board is following the traditions and practices of the old Poor-law Board, as to sanitary administration, is to explain all that is inconsistent, inconsequent, and futile in the steps taken by the Board to initiate the working of the Public Health Act, 1872. In tradition, in practice, in their jealous distrust of science, the old Poor-law Board and its staff had proved themselves to be of all the Government boards and staffs the least fitted to deal with questions of sanitary administration. At every period and stage of their existence, the important sanitary interests which came immediately under their supervision were treated in so perfunctory a way as to give rise to constantly recurring public scandals. Now, by a combination of events which we do not pretend to explain, the general sanitary administration of the country has passed practically into the hands of the former officers of the Board, and the results are precisely what might have been foretold under the circumstances—namely, an attempt to subordinate the organisation of the Sanitary branches of the Board to the Poor-law branch, and what amounts (comparing Mr. STANSFELD's utterances with those of inspectors) to a general muddle in the measures taken by him to initiate the working of the Public Health Act.

Mr. STANSFELD's designation of the Poor-law inspectors as Local Government inspectors for *all purposes* between his "department" and the local bodies, including boards of guardians, is one of those pleasing illustrations of confiding trustfulness between a chief and his subordinates which pleads for sympathy. True, that trustfulness must already have been much shaken by the discovery that the experience and tact begotten of one state of official life did not of necessity qualify, independently of other considerations, the inspector for another and very different state of official life; and the truth must already be dawning upon him that the confidence of local sanitary authorities, rural or urban, is not likely long to be retained by advisers who have no practical knowledge of the most important matters on which they are called to advise.

The reference made by Mr. STANSFELD to "medical inspections" to be made by the Central Authority was oracularly vague. Let us take, however, his courteous remarks in respect to the Medical Department of his Board as an earnest that the relationship of the work of this department to the work of the other branches of the Board will quickly be put upon a more definite foundation.

The principles of current sanitary work set forth by Mr. STANSFELD, and the common-sense view he has taken of the qualifications of medical officers of health and the object of sanitary inspection, lead us to hope that experience of his new

duties is bearing good, although late, fruit with him. We must confess to some apparent justification for a low estimate of the part of the medical man in sanitary work when, on the occasion of the deputation of the 26th ult., he was compelled to listen, on the one hand, to such utter balderdash as this—that "sanitary work was a philosophical work, which at present was only partially understood, even by those most able to follow its study"; and, on the other hand, to statements which might lead to the inference that medical men appointed as officers of health ought to be protected from social risks run in the execution of their duty. There is no duty set down in the Orders of the Local Government Board as to medical officers of health which may not be competently performed by a duly qualified medical man; there is no duty which need in its performance excite animosity, if the duty be performed with tact and discretion. Such risks of enmity and injury, therefore, as attach to the functions of a medical officer of health, attach rather to indiscretions in their performance. A district medical officer is necessarily competent to perform the duties of medical officer of health, and some of the more important of these duties he is peculiarly qualified by his position as district medical officer to carry out. Whether he be the person best fitted for the post in a particular locality—or whether there should be in certain localities officers of health who, in addition to the ordinary qualifications common to every medical man, possess special qualifications for the post,—are entirely different questions. Mr. HENLEY, urging the appointment of superior medical officers of health for large areas, makes only one thing clear—namely, that in this way alone does he see how to obtain a sufficient salary to secure the whole time of a highly qualified man. Of the probability of an efficient performance, within an extended area, of the duties imposed upon a medical officer of health, we know little, and that little is not altogether assuring; yet surely this should have been the first point to determine. Mr. DOYLE, in recommending that each district medical officer within the Unions under his supervision should be made a medical officer of health for his district, has adopted at least a simple and easily-comprehended course. But, in recommending that inspectors of nuisances should be appointed for large areas, he has evidently been advising in advance of the matured opinions of his President as to what nuisance-inspection should be. These are questions which, in principle, could alone be determined in a way satisfactory to local authorities, to the public, and to the profession, by the experience and knowledge of the Medical Department of the Local Government Board. They are questions involving special technical considerations, of which a right appreciation is essential to proper action in respect to them on the part of sanitary authorities. The principles arising out of them should either have been well defined for the guidance of the Poor-law inspectors before they entered upon their new duties, or one of the medical inspectors of the Board should have been associated with each of the Poor-law inspectors in the initiation of the Public Health Act of 1872. Neither of these courses appears to have been adopted; and it is, moreover, now to be inferred that the "policy of the Board," which, as Mr. STANSFELD states, it was a particular function of the Poor-law inspectors to represent, must have been formed without consultation with the Medical Department on these questions,—that, in fact, the Board did not avail itself of the special information it had at its command in guiding its judgment respecting the two provisions of the Public Health Act of 1872 on which the successful working of the Act will probably chiefly depend. The Local Government Board appears, indeed, to have here been copying that petty policy and distrust of science which among local boards and corporations have so often frustrated in detail the intentions of the Legislature and rendered futile the present sanitary laws.

IT would be interesting to know if the medical authorities of the country are giving any attention to the fact that next month will bring a new year, and with the new year the necessity for them to announce either that conjoint schemes are formed or that the attempt to form them is a complete failure. We have reached this point in the agitation for medical reform—a universal conviction that examinations must no longer be one-sided, but that they must embrace all the subjects a knowledge of which is necessary for purposes of general practice. This opinion is now so operative that, with the exception of the examination of the London Society of Apothecaries, every examination for a licence to practise embraces both medicine and surgery. But this anomaly remains that, though the examinations include an examination in medical and surgical subjects, the qualification given is still one-sided—medical only, or surgical only, excepting in the case of two or three of the Scotch bodies which have voluntarily combined to give a joint or double diploma. The force of public opinion has compelled a complete examination on the part of the licensing bodies. To pass a surgeon without examining him in medicine, and *vice versâ*, is felt to be a farce and a scandal. But it is equally unreasonable that the legal advantage of passing the examination should be one-sided after the examination itself has come to embrace medicine and surgery. The medical bodies and the General Medical Council have amply admitted this proposition for four or five years past. And for two or three years they have been trying to subordinate all their private interests so far as to create, by a fusion of themselves, a Conjoint Board in each division of the kingdom.

Two questions arise, and are really pressing. Have the bodies succeeded? It would be premature before the Council meets to say positively that they have not succeeded. But every separate piece of information on the subject leads us to think that they have failed. A few months ago we intimated that the Scotch bodies had well-nigh relinquished the attempt in hopelessness. Now it is said that in Ireland the Queen's University and the Apothecaries' Company hold aloof from a scheme concerted by the Irish College of Physicians, the Irish College of Surgeons, and the University of Dublin. In England, to say the least, we know that the harmony of the principal bodies is not nearly so great as at the time when the General Medical Council last met and passed a resolution expressive of satisfaction at the position of the conjoint scheme in England. The most sanguine man must have little hope

of three conjoint schemes being ready by the beginning of the year, and for the bodies to ask for further time would be unreasonable in the extreme.

The next question is, supposing that the medical bodies come together in the Medical Council only to announce their inability to combine, what is to be done? The only other solution of the difficulty is by way of legislation. And everything points to the wisdom of the scheme proposed by THE LANCET two years ago—viz., to create a Licensing Board in each division of the kingdom, subject to the authority of a reconstituted Medical Council, and independent altogether of the existing bodies,—leaving them, on the other hand, independently to grant their own diplomas. It is beyond the power of Parliament to concoct a scheme that would be satisfactory at once to the public and to all these bodies, and in which they could all be got to work together harmoniously. We have no reason to think that Mr. FORSTER has lost sight of this subject, or ceased to take an interest in it. On the contrary, all that has happened since would lead us to expect that he is more satisfied with our proposals and the inadequacy of the Bill which Lord RIPON and he brought in three years ago. We do not gather either that any great and overpowering work will devolve on the Government in the next session that will prevent their settling this troublesome question. It is really unfair to leave it longer unsettled. The present multiplicity of licensing bodies is unjust to students and injurious to the cause of medical education. Young men entering the profession should be subjected to only one good complete general examination. Any energy or money that may remain after doing this should be devoted to special work and the acquisition of special diplomas. Now that ministers are forecasting their work for the coming session, we hope they will make a note of this question.

DISEASES of the heart occupy a very prominent position in the sick-lists of the Royal Navy, as well as the books of the Seamen's Hospital, and a careful epitome of such diseases, compiled by Assistant-Surgeon H. F. NATHAN, is published in the last Statistical Report on the Health of the Navy. From this it appears that of 1572 cases of heart disease admitted into Haslar Hospital, 49·6 per cent. occurred in men belonging to the Royal Marines, the rest including all other classes serving on board ship, of which 8·07 per cent. were stokers, 58·9 per cent. blue-jackets, 28·5 per cent. boys, and 3·9 per cent. all other classes, as landsmen, stewards, servants, &c. The proportion of marines is large, but on examining into the etiology of the disease the reason is sufficiently apparent. Upwards of 2000 are stationed at Forton and Eastney, and a large section, especially the younger men, are kept continually at heavy drill. The author of the paper does not subscribe to the theory that heart disease is caused by the tightness of the tunic, the pressure of belts, straps, &c., inasmuch as at heavy gun-drill neither belts nor knapsacks are worn, and at running-drill they are only put on occasionally. The chief cause of heart disease, as enunciated in this paper, is said to be the "numerous periodic exacerbations of violent exercise, far exceeding in intensity anything to which he has ever before been accustomed." Dissipation of various kinds is said to form part of the daily routine of the marine corps, and it appears from the entries quoted during the past ten years that heart disease is decidedly on the increase. The augmentation in the number of drills, the institution of the running-drill, the system of weekly payments (thereby giving opportunities for a grand debauch), the increased size of naval ordnance, the greater distance aloft in some of the ironclads, and the fact that while "an increment has taken place in the size of ships, a diminution of their crews has occurred," all assist to account for this increase. It is a remarkable fact that stokers appear to be more exempt from heart disease than any other class in the Navy, and Dr. NATHAN attributes the immunity that they enjoy to the high temperature in which their work is carried on, "causing a great increase both in the amount of the cutaneous excretions and exhalations and in the activity of the respiratory process, and relieving the circulatory system in a superior degree." Records of this kind are very useful and interesting, and we owe much to the Medical Director-General of the Navy, in that, since his accession to office, he has continuously encouraged the compilation and publication of such records, as appendices to the periodical official Reports.

Medical Annotations.

"Ne quid nimis."

THE LATE ACTION FOR LIBEL.

THE action against the *Pall Mall Gazette* for libel has terminated, and notwithstanding that it excited so much interest whilst the case was going on, the result was no sooner known, and the cause chronicled with the things of the past, than it ceased to excite more interest than a last year's almanack. We should have no desire to revert to the subject,—for it is but little calculated to reflect credit upon the literature of the present age—were it not for one or two points that seem worthy of brief notice, before the matter is finally consigned to oblivion. We need not conceal that our contemporary had possession of our sympathies. We felt that if the *Pall Mall Gazette* had been technically wrong, it was still morally right, and it is evident that the jury took substantially the same view of the matter. We hold, and hold strongly, that it is the duty of a reviewer to express the impressions which he has gathered from the thoughtful perusal of every work subjected to him for criticism. If he be honestly convinced that the tendency of a book is demoralising or injurious, it is plainly his duty to say so; and what is more, the journalist who gives publicity to the reviewer's judgment in such a matter is deserving of every credit for his courage. Perversions of the moral sentiments are not confined to the individual units of society. Strange perversions of all kinds sometimes characterise whole communities. To close our eyes and altogether neglect the study of these forms of moral madness, eccentricity, or worse, would be prudish and absurd. We cannot ignore their existence any more than we can ignore the existence of insanity or crime: but we hold very strongly that such things should be viewed in the "dry light" of science, and only discussed in medical or psychological works, where they could do no harm. A work coming from a skilful and eminent writer like Mr. Hepworth Dixon is certain to command general attention, and we may be sure that no book of his would be wanting in all

the embellishments of a finished style and exciting descriptions. No sooner is it announced than it is procurable at Mudie's. Youth is proverbially impressionable, and there is already sufficient of the enervating element in much of the so-called light literature of the day; but if we desire to preserve a wholesome state of society and to guard against the increase of hysterical fancies and emotional affections and follies, it can only be done by righteously excluding all accounts of the morbid effeminacies and demoralising customs of communities of foolish fanatics.

EMPHYSEMA HEPATIS AS A COMPLICATION OF TYPHOID FEVER.

DR. J. FORSYTH MEIGS, physician to the Pennsylvania Hospital, records a case of emphysema of the liver occurring in a patient who had suffered from typhoid fever. The case formed the subject of a clinical lecture which is published in the *Philadelphia Medical Times* of October 5th. The patient, a sailor, twenty-five years of age, exhibited well-marked symptoms of enteric fever, which terminated fatally after profuse hæmorrhage from the bowels. At the autopsy, made eleven hours and a half after death, the upper part of the body was found swollen from subcutaneous emphysema—a condition that had not been observed before death. The liver was enlarged, and its tissue everywhere cribriform, crepitant, and spongy. Pieces cut off from it floated in water. The weather was not very hot, and no general decomposition of the tissues was present. Dr. Meigs considers that this must be a very rare phenomenon, since it is mentioned by very few observers. But Louis, in his work on Typhoid Fever, whilst he states that he has never seen it in that fever, remarks that he has met with it three times in patients dying of other acute diseases. Murchison, besides referring to Louis's cases, quotes four others which were seen in typhus fever by two French observers, Bourdel and Jacquet. Frerichs alludes to this subject of emphysema hepatis, and seems to regard it as a local process of disintegration originating in some of those complicated metamorphoses which occur in the liver from the presence of large quantities of carbo-hydrogens. The occasional occurrence of subcutaneous emphysema in typhoid fever may be best explained by supposing that the air effects an entrance through some ulcerative lesion of the larynx, which sometimes ensues in this fever. The presence of air in the heart, bloodvessels, and portal system has been occasionally noticed in persons dying of typhoid fever. By some it is thought that the air is generated from some elements of the blood itself; by others, it is believed that the air enters the circulation through a vein being opened in one of the ulcers of the intestine.

PAUPER LUNATICS.

THE guardians of St. George's, Hanover-square, do not appear to hit it well with the Local Government Board. Perhaps, in the case of the latter department, distance lends enchantment to the view, and awe and reverence diminish in direct proportion to proximity to Whitehall. According to a letter addressed to the guardians by the secretary of the Local Government Board some three or four weeks ago, "the guardians appear to misunderstand the state of the existing law" with regard to pauper lunatics. Whether the guardians of St. George's *did* misunderstand, or only *appeared* to misunderstand, is, as far as we are concerned, beside the question. The existing law is perfectly clear, although the justice of the law may, perhaps, be called in question. Any Poor-law medical officer is required by the ordinary regulations under which he holds office to give notice to the guardians, or their representatives, as to the insanity of any person under their charge; and for such notice (in writing or otherwise) no fee can be charged. But, inasmuch as no person can be removed to a lunatic asylum except under a magistrate's order, and inasmuch as the magistrate is legally compelled to summon a medical practitioner to give evidence as to the insanity, it follows that, as a rule, the Poor-law medical officer is summoned, gives his evidence, and receives his fee. The amount of the fee varies in different districts, and is, as we are informed, a matter of contract between the guardians and their medical officer. The authorities at Whitehall should form a scale of fees for Poor-law medical officers, and insist upon its adoption by all boards of guardians. And a fee should also be always given where a quasi-lunatic is sent on probation from the asylum to the union from which he came. As the law now stands, the Poor-law medical officer has (at the end of the patient's term of probation) to certify to sanity or insanity of his client, and has the responsibility of letting loose an improper or dangerous person upon society, or of relegating a sane man to confinement. This involves fully as much labour as an original case, but no fee can be claimed, and none of course is given.

THE INCOME-TAX.

WE are anxious to call the attention of the profession to a public meeting which will be held in the Guildhall on Friday, the 13th inst., at 2.30 P.M., under the presidency of the Lord Mayor, to consider the incidence of the income-tax, and the justice of its final repeal. The following resolutions will be submitted:—

1. That the income-tax is inquisitorial in its character, unjust in its operation, and demoralising to the national character.
2. That the continued imposition of the income-tax is contrary to the pledges of the Governments of both parties, is a direct breach of faith with the tax-payer, and, having always been relied on as a war-tax, or tax for extraordinary emergencies, ought now to be repealed.
3. With the view of giving effect to the foregoing resolutions, this meeting do now form a National Anti-Income-tax League.
4. That the following noblemen, members of the House of Commons, and gentlemen, together with the Committee of the National Chamber of Trade, and the chairman and secretaries of the various local associations, do form the provisional committee.
5. That a cordial vote of thanks be given to the Lord Mayor for affording the citizens of London an opportunity for discussing this important social question.

We are informed that these resolutions emanate from the National Chamber of Trade. We do not in the least know what the National Chamber of Trade is, beyond the manifest facts that it has a sounding appellation, and that it writes intolerably bad English; but beneath the bewildering entanglement of its parts of speech there shines forth a definite and laudable purpose, and its bad English is quite good enough to express the disfavour into which the Income-tax has deservedly fallen, partly from its essential nature, but chiefly from the gross misconduct of those who control the organisation by which it is levied. We have not studied fiscal questions deeply, because they lie beyond our province, and if the Income-tax should be utterly condemned by public opinion, it will be for Mr. Lowe or his successors to devise some better form of impost. But we lean to the conviction that the tax has been maintained chiefly because it is so easy to impose, and saves so much trouble to Chancellors of the Exchequer. For ourselves, we should not grumble even at the manifest unfairness of Schedule D, were it not that the surveyors affirm at their leisure what

David said in his haste. They tax all men, not only to double the amount of their incomes, but with being liars to boot; and it is probable that the tax owes a large part of its productiveness to wholly unjustifiable "surcharges." The subject of "fancy Income-tax assessments" has recently been much noticed in *The Times* and other papers, but we have, as yet, seen no explanation of the phenomena. The fact is that the claim of a surveyor to official promotion has been made to rest, not on his abilities or his integrity, but upon his success in "putting up" the assessments of his district. This "putting up" was at first done skilfully and delicately, but latterly it has fallen into the hands of bunglers, and has been done coarsely. We believe that every surveyor now surcharges every inhabitant in his district, adding from 10 to 40 per cent. at hap-hazard; and continuing the process next year for those who do not appeal. We would urge upon all who are aggrieved that they should attend Friday's meeting, and exert themselves for the suppression of this nuisance of groundless surcharges. The suppression of the Income-tax itself is probably remote, but the introduction of the next Budget might afford an opportunity for improving on the present tribunal of local commissioners, and might afford redress to those who could show that they had been surcharged unjustly. We advise the projected League to aim first at small and practicable ameliorations, and not to attempt too much in the first instance.

THE SPENNYMOOR MURDER.

A RECENT murder in Durham is remarkable for the slight evidence of injury left on the victim's body, though it was proved incontestably that the unfortunate man had been subjected to the most brutal violence by kicking. Mr. O'Hanlon and Dr. Heffernan, the gentlemen who gave evidence at the inquest, could only find one slight bruise, and could discover no internal injury to account for death. They appear to have somewhat doubtfully expressed an opinion that the man must have died from "shock"; but we venture to think there can be no doubt at all upon the subject. That infliction of violence for some time may cause death without injuring any so-called vital organ has been proved, unfortunately, over and over again. Perhaps the best case in point was the unfortunate one of the youth who was beaten to death by his tutor at Eastbourne in 1860. Here all the internal organs were healthy, and the local injuries were comparatively slight, yet the boy died, and the tutor was convicted and punished.

The struggle (which in the case before us must have been of the most violent description) is, doubtless, an element in the case, for it would tend directly to exhaustion and depression of the heart, and the excitement of the sudden attack would favour the condition commonly known as "shock." We notice in the report given in the *Durham Chronicle* that some discolorations on the body when seen by the jury were stated to be post-mortem changes; but it would be satisfactory to know whether the skin had been incised at the post-mortem examination, so as to ascertain the existence or not of subcutaneous injury, the marks of which may not show for some time after death.

ANEURISM IN A POLICE-CELL.

AN inquest was held the week before last by Mr. Bedford, the coroner for Westminster, on the body of Margaret Jane Thompson, aged twenty-seven, who died in the St. James's workhouse shortly after being removed from the cells of the Vine-street police-station. The evidence of the medical officer of the workhouse, Dr. Joseph Rogers, showed that death had resulted from the bursting of an abdominal aneurism the size of a cocoa-nut, which had eaten away the vertebræ and pressed on the left kidney, so as to lead to atrophy of it. About two quarts of blood had been discharged, doubtless gradually, as will be seen from particulars given below. She was taken into custody for disorderly behaviour at the Alhambra on Saturday night, making no complaint. On Sunday, at eleven, she complained of pain in her inside, and the surgeon was sent for and found her pale, and administered brandy. He left with the understanding that the patient was to be bailed out in the morning. But bail was refused, on account of a wrong name being given. On the Monday, being very ill, she was removed to the workhouse. She died on the Tuesday. Blame was sought to be fixed on the police, for not identifying her when bail was offered; and we certainly cannot congratulate them on the spirit in which they seem to have answered the friends. The jury unanimously passed a verdict of "Death from natural causes." The great use of the case is to impress on the police the fact that very grave diseases may come to a crisis in the course of a very short period of custody, and the duty of more courtesy and consideration to the friends of prisoners.

THE HORSE INFLUENZA.

IT seems to be the opinion of those best qualified to pronounce one on the causes of the epizootic among the horses in America that contagion has played a very unimportant part in the spread of the disease. The rapidity of its progress, according to the *Philadelphia Medical Times*, precludes the idea of its having spread in that way. In less than six weeks after it was known in Canada it passed in a southerly direction through the whole of New York, the Eastern States, and in Pennsylvania, and was present in Baltimore. It affected, moreover, all the horses in small villages and in the country. The rapidity of the spread of the disease was only equalled by its universality. Not a single horse escaped, and there has not been such a visitation within memory. There seems to have been but few cases of influenza among the inhabitants of the districts visited, but the disease among the horses is ascribed to similar causes—viz., the presence of some atmospheric conditions of which we are ignorant.

DEATH FROM CHLORAL PRESCRIBED BY A DRUGGIST.

A REMARKABLE case of death from large quantities of chloral, prescribed and supplied by a druggist, has been the subject of an inquest at Greenwich. The deceased was liable to delirium tremens, for which the druggist used to prescribe chloral, first in thirty-grain doses and latterly in doses of one hundred grains. On the Saturday preceding his death the deceased was supplied with a draught containing one hundred grains during the day. On the evening of the same day another draught of the same strength was supplied, though at first refused. The deceased went on the Sunday evening for a third, and, as it was being compounded, asked that he might have two draughts to save him coming on the Monday. His wish was gratified, though, according to the druggist's evidence, he was cautioned not to take the two draughts in one night. Thus 400 grains of chloral were supplied to this unfortunate man in less than two days. On the Monday morning he was found dead in bed; and both the bottles were found empty in his room. At the post-mortem examination the morbid appearances were described as confined to the liver, implying drinking habits, and great congestion of the stomach. The jury returned a verdict of "Death from an overdose of chloral," and the druggist was censured for sup-

plying the chloral in such quantities. The druggist is reported to have said that he had cautioned the deceased's wife that if her husband overslept himself a medical man was to be sent for. We must say the druggist's conduct in this case was as cool as it was censurable. First he takes the liberty of prescribing a dangerous and uncertain remedy in a large and excessive quantity, and then he gives instructions that if poisonous symptoms appear a medical man is to be sent for. When will druggists learn to restrict themselves to their own business?

MRS. SOMERVILLE.

THE extraordinary mental capacity possessed by Mrs. Somerville was of a kind which is very rarely found among women. Women there have been and plenty who have achieved greatness by various kinds of intellectual labour, but very few have been found equal to the close application, the plodding industry, and the prolonged mental strain which are required of those who devote themselves to the study of abstract science, a study which, it has been very generally admitted, is peculiarly unsuited for the female intellect. Mrs. Somerville's mind, in the catholicity of its scope, seems almost to have rivalled that of the late Lord Brougham, and her scientific labours extended over nearly as long a period of time. Precocity does not seem to have been one of her characteristics, and it is worthy of remark that she had reached the age of thirty-seven before making her first contribution to science. It is equally worthy of remark that her wonderful mental qualities, though developed late, remained fresh and active to the very last, and that only three years ago, at the age of ninety, she gave to the world her work on "Molecular and Microscopic Science."

It should be put on record that this lady, whose valuable life has just closed, and who was endowed by nature with many of those mental qualities which seem almost peculiar to man, was nevertheless graced with all womanly attributes. Her work was always unobtrusively performed, for the love of knowledge and not of notoriety, and in proportion as she loved the seclusion of the study she abhorred the publicity of the platform. It should be further recorded that men of science were not jealous of their fair rival, but that the learned societies vied with each other to do her honour. The Geographical Society presented her with its medal, the Royal Astronomical Society enrolled her amongst its Honorary Fellows, and the Fellows of the Royal Society subscribed for the execution of that bust of Mrs. Somerville which now adorns their library.

A MORE SUBTLE POISON THAN DIGITALINE.

THE Inma is a toxic substance obtained by pressure from the seeds of the Strophanus hispidus (Apocynem) found in Gabon. Messrs. Polaillon and Carville have experimented with this poison, which they obtained from the arrows upon which natives place it. They have used frogs and snails, which generally resist digitaline; and have also experimented on warm-blooded animals, such as mice, birds, rabbits, cats, and dogs. The inma acts more powerfully than digitaline or antiarine, and quickly paralyses the heart. Three milligrammes kill a frog, a sparrow, or a dog, though the resistance of certain animals varies. A snail, for instance, requires five milligrammes; a mouse has withstood three milligrammes of the extract (obtained by macerating the seeds in alcohol), whilst this latter dose kills a dog 955 times heavier than the mouse. The heart comes to a complete stand-still after a few irregular efforts; and vomiting proves, as Vulpian has shown, that the substance in question is really a poisoner of the heart.

THE DRUITT TESTIMONIAL FUND.

OUR readers will have noticed the rapid increase in the subscriptions and the large number of subscribers to the Druitt Testimonial Fund. The sympathy that has been shown cannot fail to be most gratifying to Dr. Druitt hereafter, and not the least part of the gratification will be derived from the fact that the representatives of the profession in London and the larger towns, and men of various shades of opinion, have united in this recognition of his public services, and of his private worth and kindly qualities of character.

THE GREAT POISONING CASE.

WE understand that the trial of Mary Ann Cotton in connexion with the Yorkshire and Durham poisonings has been deferred until the Spring Assizes of 1873, in consequence of the woman being so near her confinement. It was not deemed safe to bring her for examination before the magistrates at Bishop Auckland whilst the depositions on three of the charges against her were taken, in consequence of her being far advanced in pregnancy. The calendar at the Durham Winter Assizes is a very heavy one, there being no less than eight cases of murder for trial.

AN EXAMPLE DESERVING OF IMITATION.

MR. MILWARD, one of the district medical officers of the Cardiff Union, having been incapacitated from attending to his parochial duties by serious illness extending over several weeks, was compelled to engage the services of a gentleman to act for him. The board of guardians, on hearing that he was ill, generously intimated that they would pay the salary of his substitute, an act not only creditable to them, but indicative of their sense of the value of the services rendered by Mr. Milward in his capacity of a Poor-law medical officer.

THE REWARD OF GALLANTRY.

WE congratulate Assistant-Surgeon Dr. Edge on the reward which he has earned for himself by his gallant conduct during the late Indian raid at Orange Walk, to which we called attention at the time. Dr. Edge will now be promoted at the end of five years' service, on passing the examination required before promotion, instead of having to wait, like his less fortunate *confrères*, for three or four times that period in the subordinate grade of assistant-surgeon.

MR. HARGRAVE has resigned the chair of Surgery in the Irish College of Surgeons, and it is rumoured that he contemplates resigning his office as representative of the College in the General Medical Council. Mr. Hargrave will retire from these more public and laborious positions with the esteem of the profession. He has long been known as an able and successful surgeon, and as the author of a valuable work on operative surgery. He was the second in Ireland to tie the left common iliac, and the first to do it successfully. The Medical Council will not seem like itself without his genial face, and his characteristic contributions to discussion. We sincerely trust that the indifferent health which necessitates less work to Mr. Hargrave will soon be rectified, and that his useful and honourable life will be yet long spared.

THE water supplied to Maidstone by the local waterworks company was recently analysed by Mr. W. Algernon Adams, F.R.C.S. In his report to the authorities, he describes the water as follows:—"Speaking *generally*, the water is bad in all respects; it is bad for drinking, and it

is bad for washing purposes; it contains a large proportion of organic impurity, and a large quantity of mineral impurity; so that it is dangerous to drink, or may at any time become so. It is most *wasteful* in labour and soap, when used for cleansing purposes." We hope that the members of the Maidstone Local Board will show that they are conscious of the responsibility they incurred in taking office, and immediately adopt measures to investigate into the cause of the pollution of the water supplied to the town.

WE hope that the clergy will not consider themselves pledged to a line of action inimical to the efficient working of the Public Health Act by an oracular saying of one of their order at a recent meeting of the Lincoln Board of Guardians. On a letter from the Local Government Board being read, recommending the guardians to appoint medical officers and inspectors of nuisances, a rev. gentleman who was in the chair, with a keen and intuitive perception of the merits of the great question which is now exercising our minds, exclaimed, "The Act is a great nuisance. . . . . We shall have to spend a great deal of money."

THERE is, we fear, still considerable ignorance of the law in respect of the responsibilities of lodging-house keepers with regard to infectious diseases. It is therefore well to note that a penalty of forty shillings was this week imposed upon a member of this class, at Greenwich, for having let a room, previously occupied by persons suffering from small-pox, without having the apartment submitted to an effective process of disinfection.

AT an inquest recently held on a woman who was found dead in an underground room in Whitechapel, Dr. Liddle, the medical officer of health for the district, again drew attention to the necessity of carrying out Clause 60 of the Amended Local Management Act, which provides that the district surveyor shall visit all underground rooms and cellars occupied as dwellings twice a year, and report thereon.

A METROPOLITAN butcher was last week fined £20 by the Marylebone police-magistrate for having in his possession putrid meat. We hope the craft will take a warning from this severity.

FROM Demerara we learn that numerous deaths from hydrophobia had taken place there, causing extreme uneasiness, and the adoption of stringent measures for the safe keeping of dogs.

THERE are two hundred medical students attending the classes at the Belfast Queen's College, and of these one hundred and twenty-five are in attendance at Frederick-street General Hospital.

THE *Milk Journal* states that the proportion of dealers in genuine milk to dealers in the adulterated article is about five per cent., and publishes a list of fraudulent dairymen.

DR. LETHEBY has been appointed Public Analyst for the City of London, at a salary of £175 a year. During his absence of six weeks in Egypt, Dr. Liddle and Dr. Meymott Tidy will act as his substitutes.

THE City sanitary authorities have fixed the charge for a single analysis of a suspected article at half-a-crown—the smallest sum allowed by the Adulteration Act.

DR. JOHNSTON, the president of the Ulster Medical Society, has given £100 to the Medical Benevolent Fund.

THE Shoreditch Guardians a little time ago decided that all applicants for medical relief should come before or send to the board; and if any were found to be in a position to pay for medical advice they were immediately to be prosecuted. There is now, as a result of this stringency, a diminution of 40 per cent. in applicants for medical relief.

DR. LANKESTER, the medical officer of health for St. James's, Westminster, in his last report to the board, attributes our recent comparative immunity from zymotic diseases to the heavy rains which have flushed the sewers and drains and carried away the reeking filth which usually exhales its poison into our dwellings.

THE secretary and managers of the Ramsgate Seamen's Infirmary are petitioning the public for aid. The building affords accommodation to twenty-four patients, and has been established about twenty-five years.

THE mortality last week in London and twenty other large towns was at the rate of 22 deaths annually to every 1000 of the estimated population.

AT a meeting of the City Commissioners of Sewers held on Tuesday, it was decided not to take any steps at present with regard to the American horse distemper.

THE Holborn Union have agreed to offer the Vestry of St. Luke £200 for their temporary iron small-pox hospital, to be used at the Mitcham Schools.

IT is reported that in South Devon horses are suffering from a disease similar to the American horse distemper.

The Lancet Special Report
ON
ANÆSTHETICS AND ANÆSTHESIA.

No. II.

WE mentioned in our last Report that, soon after it was discovered that deaths from the administration of chloroform were marked and serious practical facts, attempts were made (*a*) to find new anæsthetic substances, (*b*) to produce safe mixtures of known anæsthetics, (*c*) to devise special modes of administration. We discussed briefly the various substances that had been brought forward to supersede chloroform. We may now proceed with advantage to consider the mixtures that have been introduced.

MIXTURES OF ETHER AND CHLOROFORM—THE VIENNA MIXTURE.

About two years after the introduction of chloroform, a mixture of ether and chloroform began to be employed. We do not know who first introduced this compound. We ourselves were using it in 1850; but whether independently or in the track of some other experimentalist we cannot at this moment recall. The proportions of ether and chloroform advocated at first were equal parts by measure, and the mixture was inhaled from a sponge or from Snow's inhaler. From the outset, Snow, who during his life was properly accepted as the best experimentalist and practitioner in the department of anæsthesia, was opposed to the mixture of ether and chloroform. His opposition was based on very sensible reasons. Ether, he said, is about six times as volatile as chloroform—that is to say, if equal measures of each be placed in two evaporating dishes, kept side by side, at the same temperature, the ether evaporates in about one-sixth the time of the chloroform; and when the two

liquids are mixed, although they then evaporate together, the ether is converted into vapour much more rapidly. In whatever proportions they are combined, he argued further, before the whole is evaporated, the last portion of the liquid is nearly all chloroform. The consequence of this, he continued, is that at the commencement of the inhalation the vapour inspired is chiefly ether, and towards the end nearly all is chloroform, the patient experiencing the stronger pungency of ether when it is most objectionable, and inhaling the more powerful vapour at the conclusion, when there is most need to continue cautiously.

It is worthy of observation, in parenthesis, that the above admonition given by Snow, in the same sense if not in the same words, twenty years ago, and repeated by him in the words we have quoted in 1858, has been independently restated by Mr. Spencer Wells in the present year. Speaking of the employment of the mixture of ether and chloroform in cases of ovarian operation, Mr. Wells says: "I tried a mixture of chloroform and ether in various proportions, but soon became aware that the patient was at first only affected by the lighter vapour of the ether, and was then subjected to the action of the chloroform just as she was least able to bear it."*

The criticism passed upon the mixture of chloroform and ether at first by Snow, though itself exceedingly correct, would possibly have carried but little weight had distinct success attended the practice, and had any definite proportion of the two fluids been decided upon by a competent authority. A mixture called the Vienna mixture, containing six parts of ether to two of chloroform, was of definite strength; but the mixture in our own hands and in the hands of other administrators proved uncertain, and therefore lost ground. We administered it in one case of removal of the lower jaw, in two cases of ovariotomy, in one case of amputation of the leg, and in various minor operations. Report of its use from the continent was favourable; it was used, it was said, in Vienna eight thousand times without a casualty.

Notwithstanding many facts in support of the Vienna mixture of chloroform and ether, we are forced to admit that it is not a perfect anæsthetic. It has the vice Snow predicted of it—it is irregular in its action. It is slow in action; for, indeed, the narcotism immediately induced is from the ether, not from the chloroform, while the action of the chloroform becomes manifest later on, and in a manner most disagreeable both to the administrator and to the operator.

When we give chloroform simply, we induce a first stage or degree of narcotism, and then a second stage or degree, with some excitement, and it may be with convulsion, tetanic rigidity, retching or vomiting. During these stages the surgeon does nothing; but there succeeds a third stage—one of quietude—during which the operation is commenced, and, if extreme muscular relaxation be not needed, is completed. Here all is clear practice—a direct course for an unimpeded operative procedure when once the anæsthesia has reached the proper degree.

When ether is administered simply, there is often resistance in the early stage of narcotism, then, sometimes, convulsive movement, with undue filling of the veins, overaction of arteries, flushing of the face, and occasionally vomiting. This stage is followed by a stage of comparative quietude, during which the operator performs his painless task.

We have drawn these stages in bold outline for the sake of giving a clear definition of the process of anæsthesia as induced by the two agents under consideration. In some instances the different stages are only imperfectly delineated, the patient passing from the first to the third degree of narcotism almost imperceptibly; but the rule is for a series of stages more or less marked and more or less prolonged.

In administering a mixture of chloroform and ether this order of degrees or stages is broken, broken for the precise reason stated by Snow—viz., the unequal volatilisation and diffusion of the two substances. Thus, the first and second stages of narcotism by the ether may be developed, and a third stage follow, during which the surgeon commences his operation; but as he proceeds the action of the chloroform may begin to be felt, and rigidity of muscle, or retching or vomiting, may complicate and delay his proceedings. We observed these difficulties so often that we gave up the use of the ether and chloroform mixture, although no fatal accident, and we believe no special indication of danger, ever resulted from it in our hands.

It was stated in a previous paragraph that in Vienna the mixture of chloroform and ether had not, during a long experience, been attended with fatal results. It must not thereupon be inferred that no death has followed such administration. The *American Journal of the Medical Sciences* furnishes the record of a death in its number of July, 1857. Dr. Crockett, of Wytheville, in Virginia, was about to operate on a boy five years old, to remove a tumour from the back. In order to induce anæsthesia, chloroform and ether were administered in combination, in the proportion of one part of chloroform to four of ether, the parts being determined by fluid measure. This actually was the Vienna mixture. One fluid drachm of the mixture was poured on a funnel-shaped sponge, and the administration was continued by Dr. Crockett until anæsthesia was complete. The sponge was then given to Dr. Kincannon, the family physician, who sustained the narcotism, and carefully watched the pulse. As soon as the patient was insensible the operation was commenced, and was very quickly completed. Whilst Dr. Crockett's son was sponging the wound, and waiting to see if any more arteries (beyond those that had been tied) would spring, the little boy began to vomit, and became pulseless. He ejected a small portion of the contents of the stomach. He was immediately placed in the prone position, the tongue was examined to see that it had not fallen forward, and the Marshall Hall method of artificial respiration was thoroughly carried out, but without avail. The patient died within three minutes after the commencement of the vomiting. Dr. Crockett remarks on this case that there was nothing whatever to account for the fatal action of the anæsthesia. The last artery that was tied yielded bright arterial blood, showing there was no asphyxia; and anæsthesia was never carried so far at any stage as to produce stertor, while the circulation and respiration continued perfect up to the moment of the vomiting.

It is a curious circumstance that Snow, who has commented on this case, attributed the death to loss of blood. Dr. Crockett says the loss of blood was probably four ounces, certainly not six—a loss altogether insufficient to account for death from hæmorrhage. Moreover, the symptoms were not those of death from hæmorrhage, but were definitely those that mark one form of death from chloroform. In plain truth, the case is typical, in an extreme degree, of the influence of chloroform upon a subject already under the influence of ether, and Snow's original observation as to the danger of using a mixture of two substances having different boiling points and different rates of diffusion of vapour, explains the cause of death faithfully. It is because the case stands out as a striking illustration of the nature of the special danger attending the use of ether and chloroform in mixture, that we have introduced it so prominently in this place.

* Diseases of the Ovaries. By T. Spencer Wells. London: J. & A. Churchill. 1872.

A MEDICAL SOCIETY FOR THE WEST RIDING OF YORKSHIRE.

A VERY large and influential meeting of medical men was held at Leeds last week, on the invitation of Dr. Chadwick, to consider the desirability of forming a medical society for Leeds and its surrounding districts.

The following members of the profession were present:—Dr. Chadwick (chairman), Dr. Heaton, Mr. Samuel Hey, Dr. Clifford Allbutt, Mr. J. I. Ikin, Mr. Ralph Beardshaw, Dr. Dobson, Mr. E. Atkinson, Mr. T. Pridgin Teale, Mr. T. R. Jessop, Mr. Holwell, Mr. R. Oglesby, Mr. C. G. Wheelhouse, Dr. James Braithwaite, Mr. W. Nicholson Price, Dr. Eddison, Mr. Seaton, Mr. Wm. Hall, Mr. Corrie, Mr. Nunneley, Mr. McGill, Mr. C. J. Wright, Mr. Libbey, Mr. John Horsfall, Mr. Geo. Ackroyd, Dr. Robinson, Dr. Jack, Mr. F. Hall, Mr. Hopkins, Mr. Carter, Mr. Scarth, Dr. E. W. Symes, and other members of the profession in Leeds; Dr. Myrtle and Dr. Deville, Harrogate; Dr. Crichton Browne and Mr. Wade, Wakefield; Mr. W. Hacksworth, Kirby Overblow; Dr. Rabagliati and Dr. Lee, Bradford; Dr.

Scott, Huddersfield; Dr. Dolan, Halifax, and other gentlemen from various parts of the West Riding. About thirty letters were read from gentlemen unable to be present at the meeting, but who strongly sympathised with the movement, and expressed their intention of becoming members.

After some discussion, it was decided that the new society should be called the Leeds and West Riding Medico-Chirurgical Society, and have for its first president Dr. Chadwick, while Dr. Heaton and Mr. Samuel Hey would act as vice-presidents. A provisional committee was then appointed, and about 100 gentlemen present gave in their names as members.

Correspondence.

"Audi alteram partem."

THE ROUND LIGAMENT: SCHIFF AND RAINEY.

To the Editor of THE LANCET.

SIR,—In a recent number of your journal there is a leading article which gives a fair summary of a memoir by Dr. Schiff in Stricker's *Jahrbuch*, 1872, on the structure and functions of the round ligament of the uterus. This memoir, whilst appearing to give an historical account of the contributions of the various anatomists who have worked upon the subject, omits all reference to the most important contribution of all—that of Mr. Rainey in the Philosophical Transactions for 1850. Therein Mr. Rainey announces the discovery of striated muscular fibres in the round ligament; and his description of the distribution of the muscular element entirely forestalls everything in Schiff's paper. Thus Schiff says: "Proceeding from the uterus one finds in the first third of the ligament, for the greater part only, organic muscular fibres, which run directly from the outer and middle layers of the substance of the uterine wall. In the middle third of the ligament smooth fibres are only exceptional. The striped fibres run exclusively in the upper border of the ligament, and are, as microscopic examination of transverse sections shows, plainly divided into three parts. This part is very vascular. . . . The striated muscular fibres in their course outwards become more numerous, but always keep on the upper border of the ligament until they reach the inner inguinal ring." He then goes on to show the ultimate disposition of these muscular fibres about the ring.

The following is Rainey's description:—"The so-called round ligament of the uterus, regarded as a muscle, may be said to arise by three fasciculi of tendinous fibres: the inner one from the tendon of the internal oblique and transversalis muscle near to the symphysis pubis, the middle one from the superior column of the external abdominal ring near to its upper part, and the external fasciculus from the inferior column of the ring just above Gimbernat's ligament. From these attachments the fibres pass backwards and outwards, soon becoming fleshy. They then unite into a rounded cord, which crosses in front of the spermatic artery. . . . It then gets between the two layers of the peritoneum forming the broad ligament, along which it passes backwards, downwards, and inwards to the anterior and superior part of the uterus, into which its fibres, after spreading out a little, may be said to be inserted. The striated muscular fibres are not confined to the surface of the round ligament, as if only necessary to some more important part of it, but they form almost the whole of its substance, and are more particularly distinct near to its centre. Nor do they extend completely to the uterus, but after passing between the layers of the broad ligament to about the distance of an inch and a half from its superior part, they gradually lose their striated character, and degenerate into fasciculi of granular fibres mixed with long threads of fibro-cellular tissue."

Figures representing the striated and non-striated fibres are given, drawn by Dr. Bristowe.

The main differences between Schiff's and Rainey's descriptions are: 1. That Schiff's begins from the uterine end of the ligament, and Rainey's from the inguinal end. 2. That Rainey's description is far more precise and full than Schiff's.

In pursuing his researches, literary and anatomical, it is to be regretted that Dr. Schiff did not discover the volume of the Philosophical Transactions for 1850. I am sure when his attention is drawn to it he will hasten to make amends to one of the most conscientious, laborious, and able anatomists of the age.

I am, Sir, your obedient servant,

Grosvenor-street, November, 1872. ROBERT BARNES.

ON FEEDING THE INSANE THROUGH THE NOSTRIL.

To the Editor of THE LANCET.

SIR,—Like Dr. Stiff, it never struck me that there was any novelty in feeding a patient through the nostril. I commenced to feed in the above way as early as 1839, and so far as I am concerned, the system originated with myself, but others may have adopted it long before my day.

When at school, as early as 1832, myself and three other boys used to ape our elders by smoking pieces of cane, about the length of cigars, making the smoke issue at our nostrils. One summer's day at our dinner hour I was lying on my back after taking my bread and milk, when it occurred to me that if smoke could come up through the nostrils, liquids would go down. The thought no sooner passed through my mind than it was experimented upon. I put the flask which contained a little milk to my nostril and let the contents run slowly down my throat. Hundreds of times since my companions and myself have slaked our thirst in wells and running brooks by the use of a straw and the nostril.

In 1839 a lady near where I lived was seized with acute mania, and refused food. On hearing fears expressed that she would die for want of sustenance, I volunteered to feed her. As an extremity I was permitted to try my hand. I got a pint of thin oatmeal-gruel and some new milk put into a bladder, and fastened the mouth to a quill pen. I inserted the quill into her nostril, and let the contents run, of the whole of which she received the benefit. No further fastening was required, as I found her with a hand tied to each bedpost at the top, and a foot to each at the bottom, with a sheet round her waist and fastened under the bed.

During my residence in the Crichton Royal Institution between 1850 and 1854, I have assisted in feeding by the nostril; and we fed in the same way in Murray's Royal Asylum at Perth, during my residence in that institution from 1854 to 1859.

In the latter end of 1854, at the request of Government, I taught the nostril system with that of the œsophageal tube to the officials of the Government prison or penitentiary at Perth.

H.M. Commissioners in Lunacy for Scotland, say in their report dated the 25th of March, 1864:—"Mr. Hyslop submitted, with justifiable exultation, a list of fourteen patients who have refused food, and whose lives have been saved, or, at all events, in whom danger has been averted, by a modified use of the naso-œsophageal tube."

On the appointment of Charles W. Laing, Esq., to the superintendentship of the Abbey Asylum, Paisley, I taught him the nostril system of feeding by allowing him to practise upon myself, and many others I have taught in the same way. The common earthenware cup has been in use in this asylum (Stretton House) for many years, and I have used and seen in use various dishes; but none equal a good clean pint enema-bag, with the nozzle cut off within an inch of the shield, and the mouth-piece of a child's feeding-bottle drawn over the nozzle. With this appliance there is no messing, no blowing back of the food or other matter into the vessel. The pipe of the bag takes nothing in but what may be passed down the nostril with safety.

During thirty years' experience I have fed or assisted in feeding several hundreds by the nostril, all successfully and without the slightest accident. But I would suggest that in no case should compulsory feeding be resorted to until spoon-feeding has failed; and it will be found that a gentleman will take food from a lady and a lady from a gentleman when the persuasions of officials of the same sex are futile. I am, Sir, yours &c.,

Stretton House Private Asylum, Church Stretton, Salop, Nov. 6th, 1872. W. HYSLOP.

CASE OF DOUBLE UTERUS.

To the Editor of THE LANCET.

SIR,—I published in your number of Aug. 5th, 1871, an account of a remarkable case of double uterus, with concurrent impregnations. The patient has again been under my care for delivery, and I shall be obliged if you will kindly insert the following notes in an early number of your journal:—

I was sent for at 3 A.M. on the 26th day of last June to attend Mrs. C. in her confinement. On arrival, and making an examination, I found the uterus well dilated, the membranes unruptured, and the head not descended into the cavity of the sacrum. It was the right or anterior chamber of the uterus which contained the child; the left, or posterior chamber, was very easily to be felt, and its mouth appeared to be partially opened by the strain on the muscular fibres of the other side. As I now had a very favourable opportunity for examination of these double organs, I gently introduced my hand into the vagina, my thumb into the right os and my forefinger into the left. I then pressed them up as far as I possibly could. I felt a thick partition between them which appeared like muscular fibre, but in no part could I find a communication between the two cavities. I had just satisfied myself of these facts when a pain came on. The uterus retracted and went up into the pelvis, the membranes ruptured, and down came the head on to the perineum. In about twenty minutes, the labour being completed, I again introduced my hand into the vagina, and explored both cavities carefully, which examination convinced me that I had made no mistake when I wrote my former notes on this case. The two chambers in the uterus much resemble those of a double-barrelled gun lying parallel to each other, with a septum common to both.

The child was a female of average size. Mother and child did well.

The female child, born on the 31st October, 1870 (being one of the three), died of whooping-cough, teething, and convulsions on the 1st of last August. I made a post-mortem of the genital organs, but found nothing abnormal. It was a well-grown, pretty, and intelligent child. This, with the peculiarity of its birth, made me much regret its early death. Yours truly,

J. HARRIS ROSS, M.D., C.M.

St. George's-place, Brighton.

THE POOR-LAW MEDICAL OFFICERS' ASSOCIATION AND THE PUBLIC HEALTH ACT.

To the Editor of THE LANCET.

SIR,—I have observed with regret the letter of Dr. Rogers on this subject in to-day's LANCET in relation to the resolutions, of which the following are the heads:—1. That as the sanitary condition of any locality depends upon the condition of the houses, it is desirable that districts should not be too large for supervision. 2. That as the medical officers are in a position to obtain the best and earliest information with regard to sickness in general, they are the proper persons to be selected as health officers. 3. That this Council repudiates the assertion that Poor-law medical officers would not fearlessly and honourably discharge the duties of their office. 4. That, seeing from the speeches of the President of the Local Government Board that he does not share the views of those who deem the Poor-law medical officers incompetent to perform the duties of health officers, the Council desire to place on record their grateful acknowledgment of his sentiments. 5. That a copy of the foregoing resolutions be forwarded to the President of the Local Government Board and to the press.

Notwithstanding the fact which Dr. Rogers mentions, that no member of the Provincial Council was present, allow me to state that during the two years of my secretaryship none of these gentlemen have ever attended at the Council; but any suggestion or information at any time received from our provincial friends has always had its due weight in our deliberations, and we are satisfied that the resolutions in question fairly represent the feelings of our brethren in the country; and, besides this, the working of country practice is as well known to us as that of the metropolis, most of ourselves having been at one time provincial medical officers. With respect to the duties of health officers, and their position under the Act, depend upon it extra duties of a sanitary character will be thrown upon the Poor-law medical officers; and the question therefore is, whether they shall assume the title of health officer as well as perform the duties, or whether they shall, in some manner not yet explained, be compelled to perform sanitary work without proportionate increase of salary, and without the credit attaching to the office?

For my own part, I feel that it would be a fatal blunder to let the present opportunity pass without making a bold push to secure for the four thousand medical officers a proper recognition of their fitness for the post of health officers, and I trust that Mr. Stansfeld will not lose such a golden opportunity of securing this army of trained veterans already in the field to carry out his broad views, as developed upon recent occasions. The alleged dangers to the position of medical men in undertaking sanitary duties are to a large extent mythical, and, if they really existed, I hope there are few who would not brave them, in discharging so important a duty towards the public.

A very material part of the work of the health officer consists in supervision, in reporting upon the health of the district, pointing out the causes of diseases, and the modes of preventing the spread of epidemics. The details of sanitary work properly belong to the inspector of nuisances, whose duty it is to inspect houses, report nuisances, &c., to his chief, who then takes the necessary steps for bringing the matters before the local authority, which alone has power to order proceedings, it being, moreover, the province of the inspector to take the necessary steps to carry out the instructions of the Board. In fact, the duty of the medical officer would be for the most part just what Dr. Rogers describes—viz., to report that such and such causes of disease exist in his locality.

I will not occupy more of your space further than to express a hope that Dr. Rogers may retire from an untenable position, in which (making all allowance for his good intentions) he appears to me to represent neither the opinions nor the true interests of the service.

I am, Sir, yours truly,

George-street, Mansion House, Nov. 30th, 1872. J. WICKHAM BARNES, Hon. Secretary.

THE MEDICAL SCHOOL AND THE PROFESSION OF LIVERPOOL.

To the Editor of THE LANCET.

SIR,—It would have been better if "A Lecturer of the Liverpool School of Medicine, whose letter appears in THE LANCET of to-day, impugning the correctness of your Liverpool correspondent's statement in the number of Oct. 26th, had read the address delivered at the opening of the winter session of the School of Medicine by one of his own colleagues, for he would then have kept silence. I refer him to pages 15 and 16 of that address. The very strong fact which he emphasises is Mr. Banks's, not mine. Mr. Banks there repeats the reply "too often received" to their application for aid in enlarging the Medical School from the merchants of Liverpool—"Science! why, what have we got to do with it? we're cotton-brokers." Mr. Banks proceeds to say that in such an answer lies the whole secret of why our town, with all its wealth and magnificence and activity, is almost at the bottom of the scale as regards the possession of scientific institutions. He then gives several facts in support of this assertion, and concludes with the words—"These are humiliating facts." With this statement all must agree who will take the trouble to compare the scientific status of Liverpool, including its Medical School, with that of the six or eight towns in the kingdom which approach it in importance.

"A Lecturer" may feel annoyed at the statement, and vent his ire in wordy phrases; but they mean nothing. Facts are what are looked to nowadays; and though he affects to despise them, and thinks "nothing so fallacious as facts," they still are more reliable than mere contradiction unsupported by proof.

The latter part of his letter may promote the interests of the School of Medicine; probably it is intended to do so.

It contains nothing which need be called in question, and the letter of your correspondent gave no statement at variance with it.—I am, Sir,

Nov. 30th, 1872. YOUR LIVERPOOL CORRESPONDENT.

THE FRENCH BOUGIE WITH LEADEN STYLET.

To the Editor of THE LANCET.

SIR,—In THE LANCET of Nov. 30th Sir H. Thompson depicts and describes a French bougie as improved by him by the addition of a leaden stylet. Bougies with leaden stylets have long been employed in Paris, and are, I believe, well known to every European surgeon interested in the treatment of stricture. Several years ago I exhibited such bougies, together with many others, all made by Lasserre, to the members of the Medical and Harveian Societies. Two years ago Sir H. Thompson depicted a bougie in your columns, and termed it a "bougie à boule," *which it was not.* To-day he again gives a representation of the instrument, and calls it a "conical bougie," *which it is not.* (See Fig. 2.)

I remain, Sir, your obedient servant,

Portman-square, Nov. 30th, 1872. W. F. TEEVAN.

SWITZERLAND:

A GLIMPSE AT ITS UNIVERSITIES, HOSPITALS, AND BATHS.

(From our Special Correspondent.)

A STRIKING feature of Switzerland is, that every spot of land capable of being made useful, either for cultivation or for habitation, is, at all cost and without any consideration as to the amount of trouble and labour it will involve, utilised and turned to the best advantage. The fight with nature is always going on; and although the boldest and noblest works of man are often destroyed by the storms of winter or the avalanches of spring, still these energetic Switzers always return to the charge, and, by continued perseverance, at last overcome the obstacles of country and climate by which they have before been held in check.

Neuchatel, or rather the ground on which it now stands, may be said to have been either stolen from the lake of that name or else washed down from the mountains of the Jura range by the torrents of the river Seyon and its tributaries. By the industry of the Swiss, it has not only been preserved, but also embanked, beautified, planted, and made both healthy and cheerful. A deep tunnel has been cut through the solid rock, so that the waters of the Seyon may pass away into the lake without damage by the overflow of their débris, to the city which they formerly helped to create.

The town of Neuchatel is situate on the north-west shore of the Lake of Neuchatel, and, with the snowy crests of the Mont Blanc range in front and the fir-crowned summits of the Jura in the rear, the scenery is charming. The older part of the city reminds one of Chester; it is closely built, and nestles under the walls of the castle of the old Dukes of Burgundy: while the new part, which resembles much in its clean, broad, and well-kept streets the town of Leamington, stretches along the shores of the lake for about a mile. The promenade by the waterside is tastefully laid out with shrubs and flower-beds, and a grateful shade is afforded on the hottest day by numerous avenues of majestic trees. Neuchatel is noted for its many charitable institutions, and for the liberality and public spirit of its citizens. The museum contains Professor Agassiz's fine collection of natural history and some good pictures. Several of the latter have been bought by the generosity of the inhabitants and presented to the town. A splendid picture of "Monte Rosa," by Calame, and another, "The Fishermen of the Adriatic," by Leopold Robert, which, by the way, cost 90,000 francs, were thus conferred upon the museum.

There are two considerable hospitals: the Hôpital de la Ville, and the Hôpital Pourtalès, conducted by Protestants, and one smaller hospital under the management of the Roman Catholics.

The Hôpital de la Ville was endowed by David de Pury, a native of Neuchatel, who left for this and other public purposes four and a half million francs. It is an old building in the centre of the town, having small, imperfectly ventilated wards. The nursing is done by Protestant Sisters of Charity, and the whole place is scrupulously clean. The women's wards are on the first floor, and the men's on the second. Each ward contains about four beds. Pyæmia is not uncommon. Lister's treatment has not been practised by the sole medical officer, Dr. Reynier. Typhoid fever seems to be common; treatment is expectant. The temperature of all patients is taken twice a day. Surgical and medical cases are treated in the same wards. There were only thirty patients at the time of my visit, although there is accommodation for upwards of forty.

The Hôpital Pourtalès is the most important hospital of Neuchatel, and is pleasantly situated near the Berne-gate on an eminence overlooking the lake, with ample gardens around it on all sides. It has accommodation for sixty-two patients; but only fifty-three beds were occupied at the time of my visit. The wards contain about ten or twelve beds, and are well ventilated. Each bed is provided with a spring mattress, and has a good supply of blankets and linen. The rooms are well furnished, and the latrines supplied with water. There is one physician, Dr. E. Cornaz, and one resident medical officer, who lives in a detached house close to the hospital. The operating theatre is small, but well lighted. Patients who can pay from one to two francs a day have the privilege of occupying separate small rooms. Pyæmia is rare, but diphtheria has recently been epidemic. Lister's treatment has been used successfully. There are no separate medical and surgical wards. Syphilis is not admitted here; but such cases are received into the Catholic Hospital. Fractures are treated by immobilisation with silicate of potash. The hospital reports, published by Dr. Cornaz, are very interesting, and give one reason to believe that he is an accomplished physician as well as a skilful surgeon. One of his annual reports gives a very complete *résumé* of 101 cases of typhoid fever which occurred in the hospital. He reports that typhoid occurs in infants as well as in the aged, although it is most common between the ages of twenty-two and twenty-five, and at that period of life it is most fatal; that it is more frequent among males than females, although the mortality is about equal (one in five cases) in the two sexes; that it is most often seen in populous places, and that it is there epidemic and to some extent contagious; that in Neuchatel it is most common in the autumn, and least so in the spring; that it is attended by complications, and in the following order as to frequency:—1, indigestion; 2, intestinal hæmorrhage; 3, pneumonia; 4, meningitis; 5, phthisis. The average stay in hospital was 38·82 days.

Special allusion to many interesting cases, both medical and surgical, might be made; but THE LANCET space is valuable, so I will only add that, in addition to the hospitals above named, there is a handsome lunatic asylum, which was erected by M. de Meuron, and endowed by him with a million and a half of francs.

Obituary.

DR. A. R. DUGUID.

AN admirable type of the "Gideon Grays" of our profession has lately been removed by the death of Dr. Duguid, for more than fifty years the principal practitioner in the Orcadian archipelago.

Alexander Russell Duguid was a native of West Lothian, the son of a respectable farmer near Borrowstounness. His education was an exceptionally good one, embodying much more than the average discipline in classics and mathematics to be had at Scottish schools. Proceeding to the University of Edinburgh, he entered with energy and enthusiasm on medical study, and availed himself of every advantage vouchsafed by that seat of learning. In 1818 he became a licentiate of the Royal College of Surgeons, and in the year following he graduated with distinction in the *summi in medicinâ honores.* Almost immediately thereafter he settled in Kirkwall, the county town of the Orkneys, and began the career which for more than half a century proved a blessing to those islands. Not only did his *clientèle,*

which included the poor as well as the rich, enjoy the benefit of his high professional accomplishments, but they could also count upon his personal interest in their welfare, whether moral or religious. He was essentially the "beloved physician," healing the hurt and curing the sick, dispensing relief to the poor, and promoting all good works. Among the latter was the encouragement he constantly gave to the study of natural and physical science, thereby fitting the youth of the *ultima Thule* of the British islands for professional pursuits, or providing them with a refined and elevating source of recreation. Among official appointments he held that of medical officer to the Balfour Hospital, so called from the munificent gentleman whose name is associated with so many benefactions to the Orcadian community.

About three years ago, at the conclusion of half a century of unwearied well-doing, the people of Orkney and Shetland presented the doctor with a testimonial, consisting of a purse containing 178 sovereigns, and an elegantly finished claret jug of silver. Shortly after this gratifying event Dr. Duguid showed signs of failing health—his life was getting "toward evening, and the day was far spent." Early in the present month he passed away, leaving behind him a reputation for genial warmth of nature and benignant philanthropy in strong contrast with the stern insular scenery in which his lot was cast. His biography, when the time comes for its adequate execution, will be prized by his brother practitioners as a fine *apologia pro vitâ suâ*, in these days when the "country doctor" is made the target for so much unmerited satire.

ARCHIBALD SIMPSON, M.A., M.D.

THIS respected practitioner died on the 11th ult., at the comparatively early age of forty-two. Born at Aberdeen, he received his education first at the Grammar School, and afterwards at the University, there taking the degree of M.A. in 1847, and that of M.D. in 1852. Amongst other honours gained by him during his curriculum, he was first of his year in classics, and winner of the mathematical prize (£60). On the completion of his medical course he was located for some years at Alexandria, and next as surgeon to the English Hospital at Jerusalem. Finally settling in Islington, London, he practised his profession there with great acceptance for the past fifteen years. Of a quiet, kindly disposition, gentle and retiring in his manner, and very well informed in his profession, he secured the esteem and affection of a large circle of patients, who now, rich and poor alike, lament the premature loss of their trusted friend and adviser. His health had been failing for some time past, yet he continued to see patients up to within less than a week of his untimely death, which resulted from the formation of a thoracic tumour. Dr. Simpson has left a wife and numerous family to deplore his decease.

GEORGE HOGARTH PRINGLE, M.D., F.R.C.S. EDIN.
(OF PARRAMATTA, NEW SOUTH WALES.)

WE regret to learn the decease of this much-esteemed practitioner, which took place on Easter Sunday, on shipboard, whilst Dr. Pringle was on his way to this country. Six weeks previous to his departure he had suffered from a severe attack of dysentery. During the first week of the voyage he rallied, and recovered much of his former energy, but on February 13th he began to feel languid and tired, and from that time his symptoms increased until his death. He was born on the 24th October, 1831, at Hyndlee, near Hawick, Scotland; his family being a branch of the Pringles of Yair, known of old as the Hop Pringles. He studied at the University of Edinburgh, and held office in the Royal Infirmary for twelve months as house-surgeon, under Mr. Syme and Mr. Spence, and afterwards became house-physician to Dr. W. Robertson. After obtaining his diplomas he became surgeon to a transport during the Crimean war, engaged in conveying sick and wounded from the Crimea to Scutari and Renkioi; he was afterwards surgeon in the Cunard line for three years, then entered the Peninsular and Oriental Company's service between Suez and Sydney, and finally settled in Paramatta in 1860, where he succeeded Dr. Bassett. In addition to a very extensive private practice he was visiting surgeon to the gaol, Benevolent Asylum, Orphan Schools, and surgeon to the King's School and the Wesleyan College at Newington. His loss will be long and deeply regretted by numerous patients and friends, whose kindly regard he had long held. Dr. Pringle leaves a widow and four children.

MR. LEONARD MORSE GODDARD, M.R.C.S., L.S.A.

WE regret to announce the death of this gentleman from disease of the heart and dropsy. In him the profession has lost a good type of the general practitioner. At the commencement of his practice he became a Poor-law medical officer; and, notwithstanding the immense work entailed on him in this sphere, he secured a large private practice, which he retained till within a few months of his death. He had a great aptitude for business, and was well known in the city in connexion with many undertakings, the most unfortunate of which was the Royal British Bank, by which as a shareholder he was a considerable loser. Being of a robust constitution and great activity, he went through an enormous amount of work, especially in the several epidemics of cholera, fever, and small-pox which have visited London during the last thirty-seven years. He contracted typhus many years ago, and nearly lost his life. Later on he sustained a disastrous post-mortem wound, when again his life was despaired of, but his strong constitution and careful habits of life enabled him to survive both calamities. He leaves two sons, the elder of whom, Dr. Eugene Goddard, who has been established many years, succeeds to his practice.

DR. JOHN PEARSON HUGHES.

MOST of our readers will remember this promising young practitioner for his acute and effective exposure of the pretensions of the poor Welsh fasting girl, or rather of her parents. Dr. Hughes was a distinguished student of University College, London, which he entered in 1862. He soon attracted the good-will and esteem of his fellow-students and teachers by his geniality of temper, and his steady devotion to work. He graduated as M.B. in 1866, and as M.D. in the year following, at the London University. Settling as a general practitioner at Llandovery, the scene of his birth and early education, he soon acquired an extensive *clientèle*, and was steadily establishing a wide reputation as a sound medical man, and a pleasant-mannered and public-spirited citizen, when he was cut off by acute phthisis in his twenty-ninth year.

DR. ARTHUR H. WALPOLE.

WE deeply regret to announce the death of Dr. Walpole, of Newcastle-on-Tyne. He was the partner of Dr. Andrew Bolton, and bade fair to be a most successful practitioner. It is lamentable to think that his death was caused by typhoid fever, caught, it is said, in the discharge of his duties. How often have we to record deaths of medical men from diseases contracted in the discharge of their duties! What makes the death of Dr. Walpole more distressing is that he leaves a very young wife with one child to contend with the world in widowhood. He has been married little more than a year, and, of course, before he has had any chance of making suitable provision for his young family.

DR. RECURT.

DR. RECURT, of Lévignac (France), who played an important part in the insurrectional movement of February, 1848, and in the Republican Government which followed, has recently died at his country seat in Haute Garonne, at the age of seventy-five. Immediately after the success of the insurrection he was nominated one of the mayors of Paris. Shortly after he was elected Vice-President of the National Assembly, was appointed Minister of the Interior under Cavaignac's Government, and finally Prefect of the Seine. On December 10th, 1851, after the *coup d'état*, he sent in his resignation, and retired to the South of France, where he continued to reside until the time of his death.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND. — The following Members passed the required examination and were admitted Licentiates in Midwifery at a meeting of the Board of Examiners on Wednesday last :—

Adams, John, Kingsbridge, Devon; diploma of membership dated July, 1872.
Anderson, Richard J., L.K.Q.C.P.I., Newry.
Jay, Henry Mason, L.R.C.P.Ed., Chippenham; April, 1868.
Lett, Francis, L.R.C.P.Ed., Woolwich; July, 1868.
Oakman, Joseph, L.S.A., Battersea-square; April, 1868.

UNIVERSITY OF LONDON.—The following candidates have passed the recent M.D. Examination :—

Alford, Henry James, University College.
Ball, James Barry, University College.
Bruce, John Mitchell, M.A. Aberd., Aberdeen and Charing-cross Hospital.
Burgess, Wm. Frederick Richardson, Guy's Hospital.
Carter, Alfred Henry, University College.
Griffiths, Thomas, University College.
Hall, Francis de Havilland, St. Bartholomew's Hospital.
Lyell, Robert Wishart, King's College.
Smith, Arthur William, Guy's Hospital.

LOGIC AND MORAL PHILOSOPHY ONLY.

Archer, Herbert Ray, St. George's Hospital.
Gibbings, Alfred Thomas, King's College.
Harris, James Alfred, Edinburgh University.
Humphreys, John Henry, University College.
Langmore, John Wreford, B.S., Univ. Coll. and Middlesex Hosp.
Morton, John, St. Thomas's Hospital.
Read, Charles, University College.
Vachell, Charles Tanfield, King's College.
Wyman, John Sanderson, St. Bartholomew's Hospital.

The following candidates have passed the recent Second M.B. (Honours) Examination :—

MEDICINE.

FIRST CLASS. — Benjamin Neale Dalton (Scholarship and Gold Medal), Guy's; Walter Ottley* (Gold Medal), Univ. Coll.; Joseph Henry Philpot, King's Coll.; William Smith Greenfield, Univ. Coll.; George Harry Barloot, Univ. Coll.

SECOND CLASS. — Thomas Jones, Guy's; Charles Edward Steele Perkins, Guy's; Rickman John Godlee, B.A., Univ. Coll.

* Obtained the number of marks qualifying for the Scholarship.

OBSTETRIC MEDICINE.

FIRST CLASS. — Robert Eardley-Wilmot (Scholarship and Gold Medal), King's Coll.; Wm. Smith Greenfield (Gold Medal), Univ. Coll.; Joseph Hen. Philpot,† King's Coll; Arthur Mudge Branfoot,† Guy's; Francis Warner,† King's Coll.; Thomas Jones,† Guy's.

SECOND CLASS. — Benjamin Neale Dalton and Michael Harris (equal), Guy's; Leonard Cane, Univ. Coll.; Rickman John Godlee, Univ. Coll.

THIRD CLASS.—Alfred Ashby, Guy's.

† Obtained the number of marks qualifying for a Gold Medal.

FORENSIC MEDICINE.

FIRST CLASS.—Michael Harris (Gold Medal), Guy's; Walter Ottley (Gold Medal), Univ. Coll.

SECOND CLASS. — William Smith Greenfield, Univ. Coll.; Rickman John Godlee, Univ. Coll.; Benjamin Neale Dalton, Guy's.

APOTHECARIES' HALL. — The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on Nov. 28th :—

Bevers, Edmund Augustine, Oxford.
Buck, William Elgar, Leicester.
Charlesworth, Henry, Longnor Buxton.
Cleghorn, George, York-road, London.
Jackson, Richard Atkinson, Lancaster.
Moss, Herbert Campbell, Stratford, Essex.
Northey, Gilbert William, Tavistock, Devon.
Vines, Edward Prince, Reading.
Whately, George Frederick, Great Berkhampsted.

As Assistant in Compounding and Dispensing Medicines :—

Butterfield, Edward, Northampton.

The following gentlemen also on the same day passed their Primary Professional Examination :—

Isaac Boulger, St. Thomas's Hospital; James Couldrey, Charing-cross Hospital; James Harman Finemore and Wm. Hurford Todd, London Hospital.

THE foot-and-mouth disease is rapidly decreasing in Norfolk and Oxfordshire.

THE INDIAN CAMP OF EXERCISE. — Inspector-General Beatson, C.B., has been appointed principal medical officer to the above Camp, and Deputy Inspectors-General Drs. Crawford and Best, of the British Medical Service, and Deputy Inspector-General Banister, of the Indian Medical Service, will be in medical charge of the three divisions. Surgeon Stewart, Royal Horse Artillery, superintends the General Field Hospital. It would seem that these military manœuvres are to take place; indeed, as cholera has ceased to make its appearance in India, except in a sporadic form, no reason can now be urged against it.

MR. T. A. HANDSLEY has received a grant of £5 13s. 4d. from the Local Government Board for efficient vaccination.

ROYAL MEDICAL SOCIETY, EDINBURGH. — At a meeting of the Society on the 29th ult., the following gentlemen were elected annual presidents:—J. Crauford Renton, L.R.C.S.E. and P.; H. Macdonald Church, B.Sc., M.B., C.M.; John G. Shaw, M.B. and C.M.; Alfred C. E. Harris, M.B., L.R.C.S.E.

THE SMITHFIELD CLUB CATTLE SHOW. — The animals drafted into the show will be subject to frequent examination, and, with a view to further comfort and protection, the authorities have again this year resorted to Sir William Burnett's disinfecting fluid.

LONDON INTERNATIONAL EXHIBITION OF 1873.—The first meeting of the Committee on Class 10, "Surgical Instruments and Appliances," for the London International Exhibition of 1873, was held at 3 P.M., on Tuesday, the 26th November, at the offices in Stanhope Lodge, Kensington Gore. Mr. Cæsar H. Hawkins, F.R.S., was voted into the chair, and among those present were Mr. J. Hilton, F.R.S., Mr. Prescott G. Hewett, Mr. R. Quain, F.R.S., Mr. White Cooper, Mr. J. Luke, F.R.S., Mr. T. W. Nunn, Mr. G. Saunders, Dr. G. T. Gream, Dr. W. S. Playfair, and Dr. H. J. Domville, C.B.

Medical Appointments.

BELL, J. W., L.R.C.P.Ed., L.R.C.S Ed., has been appointed Resident Medical Officer to the Royal Hospital for Sick Children, Edinburgh, vice F. P. F. Ransom, L.R.C.P.L., M.R.C.S.E., resigned.

ASHBY, A., M.B., F.R.C.S.E., has been appointed a Surgeon to the Westminster General Dispensary, Gerrard-street, Soho, vice C. Higgens, F.R.C.S.E., resigned.

BERNAYS, Dr. A. J., has been appointed Public Analyst for the Parish of Camberwell.

HUNTER, W., M.B., C.M., has been appointed Medical Officer to the Kilgrammie and Dalquharran Collieries, Ayrshire, vice ALEX. M'LELLAND, M.B., L.R.C.S.Ed., resigned.

LEAH, T., M.R.C.S.E., has been appointed a Junior Surgeon to the Royal Albert Hospital, Devonport, vice Bazeley, resigned.

LYTH, J. B., L.R.C.P.Ed., M.R.C.S.E., has been appointed Assistant House-Surgeon to the Sheffield Public Hospital and Dispensary, vice Eagar, resigned.

MAC ALISTER, Dr., has been appointed Professor of Comparative Anatomy, Trinity College, Dublin.

M'LAREN, J., L.R.C.S.Ed., has been appointed Assistant to the Extra Physicians of the Royal Hospital for Sick Children, Edinburgh, vice Gerald Bernard, M.D., whose term of office has expired.

REID, F., L.R.C.P., M.R.C.S., L.M., has been appointed Assistant-Surgeon to the 1st City of London Engineers; and Physician-Accoucheur to the Maternity Society, Woburn-square.

ROBERTSON, A. M., M.B., C.M., has been appointed House-Surgeon to the Alnwick Infirmary, vice D. C. M'Vail, L.R.C.P.Ed., L.F.P. & S. Glas., resigned.

SMITH, C., M.R.C.S.E., has been appointed Public Vaccinator for the No. 2 (Worthing) District of the East Preston Union, Sussex, vice Worthington, resigned.

THOMAS, R. R. G., M.D., L.R.C.P.Ed., M.R.C.S.E., L.M., has been appointed Medical Officer to the Workhouse and the Tiverton East District, and Medical Officer and Public Vaccinator for the Cadbury and Washfield Districts of the Tiverton Union, vice Wm. Fred. Terry, M.R.C.S.E., resigned.

THORNTON, W. P., M.R.C.S.E., has been elected Assistant-Surgeon to the Hospital for Diseases of the Throat.

TURNER, G., L.R.C.P.L., M.R.C.S.E., has been appointed Resident Medical Officer to the London Fever Hospital, vice Tiley, resigned.

WEBSTER, W., M.R.C.S.E., has been appointed Medical Officer for the South District of the King's Lynn Union, vice Hunter, deceased.

WHARRY, C. J., M.B., M.R.C.S.E., has been appointed Superintendent of the Civil Hospital, Hong-Kong.

Births, Marriages, and Deaths.

BIRTHS.

ADCOCK.—On the 15th ult., at Sandgate, Kent, the wife of John Adcock, M.D., Staff Assistant-Surgeon Army, of a daughter.

BELL.—On the 23rd ult., at Perry-hill, Catford-bridge, the wife of W. R. Bell, M.D., of a son.

BROWN.—On the 29th ult., at Newlands, Ryde, Isle of Wight, the wife of R. Brown, M.D., of a son.

GREENHOW.—On the 19th of Oct., at Sirdarpore, near Indore, India, the wife of H. M. Greenhow, F.R.C.S.E., Surgeon Bengal Army, of a son.

HOUGHTON.—On the 13th ult., at Mount-street, Grosvenor-square, the wife of H. G. Houghton, L.K.Q.C.P.I., of a daughter.

STILWELL.—On the 13th ult., at Hillingdon, the wife of H. Stilwell, M.D., of a daughter.

TONGE.—On the 2nd inst., at Harrow-on-the-Hill, the wife of M. Tonge, M.D., of a son.

MARRIAGES.

JOY—GRIFFIN.—On the 3rd inst., at the Parish Church, Banningham, Frederick William Joy, L.R.C.P., M.R.C.S., of Northwold, to Emily Elizabeth Griffin, of Banningham Hall, daughter of the late John Carey Griffin, Esq.

SANDERS—FLOWER.—On the 31st of Oct., at Bombay, Edwin Sanders, Assistant-Surgeon 2nd Sikh Infantry, to Edith Waters, daughter of Edward Flower, Esq., of St. Helier's, Jersey.

SUPPLE—LAMBBIRD.—On the 19th ult., by special licence, at Feltrim, James Francis Supple, Staff Assistant-Surgeon H.M.'s Service, to Julia Mary, eldest daughter of the late Robert Lambbird, Esq., J.P., of Cork.

DEATHS.

BUBB.—On the 13th of Sept., at Gulgong, New South Wales, H. W. Bubb, M.D., aged 39.

CLEMENTS.—On the 29th ult., on board the Steamship "Antenor," homeward bound, George Clements, Esq., Senior Medical Officer to the Chorlton Union Hospitals, Manchester, aged 28.

HARWOOD.—On the 18th ult., at Emmanuel-road, Cambridge, Alfred Harwood, M.R.C.S.E., of syphilis (contracted whilst attending a diseased married woman in labour) and pulmonary phthisis, aged 29.

POWNALL.—On the 18th ult., John Pownall, M.R.C.S.E., of High-bank, Altrincham, Cheshire, aged 68.

SEWELL.—On the 30th of Aug., on board the "Clarence," on a voyage to Melbourne, A. Sewell, L.R.C.P.Ed., M.R.C.S.E., aged 26.

SKINNER.—On the 12th ult., Geo. Skinner, M.R.C.S.E., of Bath, aged 75.

SUPPLE.—On the 28th ult., at St. Stephen's-road, Shepherd's-bush, Dr. Jas. Supple, late Madras Army, aged 63.

WATERSON.—On the 18th ult., at Newburgh, A. Waterson, L.R.C.P.Ed., aged 33.

WHITAKER.—On the 3rd inst., J. S. Whitaker, M.R.C.S.E., of Betah Cottage, Kingsland-road, aged 67.

Medical Diary of the Week.

Monday, Dec. 9.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ST. MARK'S HOSPITAL.—Operations, 2 P.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
MEDICAL SOCIETY OF LONDON.—8 P.M. Dr. Sansom, "On a Case of Infantile Paralysis treated by the Continuous Current." — Mr. Thomas Bryant (President), "On a Case of Disease of the Shoulder-joint." — Dr. E. N. Durantz, of Marseilles: "Clinical Notes on Soft Tumours of the Larynx" (communicated).

Tuesday, Dec. 10.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 3 P.M.
ROYAL MEDICAL AND CHIRURGICAL SOCIETY.—8½ P.M. Dr. George Johnson, "On the Pathology of Chronic Bright's Disease, with Contracted Kidney, with special reference to the theory of 'Arterio-Capillary Fibrosis.'"

Wednesday, Dec. 11.

MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. GEORGE'S HOSPITAL.—Ophthalmic Operations, 1½ P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 2 P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN.—Operations, 2½ P.M.
CANCER HOSPITAL.—Operations, 3 P.M.
EPIDEMIOLOGICAL SOCIETY. — 8 P.M. Dr. Mouat, "On Medical Statistics, with especial reference to Cholera and Syphilis."

Thursday, Dec. 12.

ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.

Friday, Dec. 13.

GUY'S HOSPITAL.—Operations, 1½ P.M.
ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
QUEKETT MICROSCOPICAL CLUB.—8 P.M.
CLINICAL SOCIETY OF LONDON. — 8½ P.M. Dr. C. Theodore Williams, "On Cases of the Pyrexia of Phthisis treated by Cool Baths." — Dr. Tilbury Fox, "On a singular Case of Fibroma."—Mr. W. B. Dalby, "On Wound of the Portio Dura, causing Facial Palsy." — Dr. Lockhart Clarke, "On a Case of Cysts in the Cerebellum."—Dr. Edis, "On a Case of Right Hemiplegia occurring during Pregnancy, with rapid Convalescence after Parturition."

Saturday, Dec. 14.

HOSPITAL FOR WOMEN, Soho-square.—Operations, 9½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

Notes, Short Comments, and Answers to Correspondents.

GEOPHAGIE OR DIRT-EATING.

DR. GALT, in his "Medical Notes of the Upper Amazon," published in a late number of the *American Journal of the Medical Sciences*, has furnished us with some curious information on a subject that does not usually come within the range of professional notice—viz., the strange practice known as "dirt-eating," or "geophagie." This disease, according to Dr. Galt, now enters as one of the chief endemic complaints of all tropical America, and at the distance of over two thousand miles from the sea, on the Amazon valley, where the negro is a rarity, being merely a waif from Brazil or the Pacific coast, it is the most important disease among the children and women of the country. Here, on the Maranon, the half-breeds are mostly addicted to the practice of dirt-eating—neither the pure savage nor the more cultivated being so often the victims. The accounts about the tyranny of this habit of dirt-eating on the victims of it would seem almost fabulous, Dr. Galt says, were there not evidences all around one to give sanction to them. Children commence the practice from the time they are four years old, or less, and frequently die from the results in two or three years. In other cases they grow to manhood or womanhood; and Dr. Galt speaks of having himself seen in the case of a Mestizo soldier, who was dying from the dysentery which sooner or later supervenes on this habit, the poor creature, half an hour before his death, detected with a lump of clay stuffed in his sunken cheeks. Officers who have the Indian or half-bred children as servants in their employ sometimes have to use wire masks to keep them from putting the clay to their mouths; and women, as they lie in bed sleepless and restless, will pull out pieces of mud from the adjoining walls of their room to gratify their strange appetite, or will soothe a squalling brat by tempting it with a lump of the same material. If persisted in, the effects are surely fatal, at varying terms of years, some living tolerably to middle age, and then dying with dysentery. In children dropsy usually appears to be the most prominent cause of decline and death.

Pero will probably find Horses and Stables, by Colonel Fitzingram (published by Messrs. Longmans), and Williams's Principles and Practice of Veterinary Surgery, the most useful works for his purpose.

4748.—We do not see the name in question in the Medical Register.

PSORIASIS.

To the Editor of THE LANCET.

SIR,—Much has been said and written on skin diseases in general, and on the squamous class in particular, and much yet remains to be written and said respecting them.

Of the numerous and multiform progeny of syphilis, there is none, perhaps, with which we have to deal that proves more clearly the devitalising action of its virus upon the economy than psoriasis. While the common variety of the disease, dependent upon a diathesis, hereditary or acquired, other than specific, is characterised by an eruption confluent in form (psoriasis diffusa), or arranged in spiral (psoriasis gyrata), and which generally seeks certain favourite regions for its development, the squamous syphilide (psoriasis punctata) is scattered indifferently, and, as it were, broadcast over the whole surface of the body. In the one, the silvery scales repose upon a bright, rosy conch, rounded at the summit, and bevelled at the circumference; in the other, they lie, ill at ease, upon a brownish or copper-coloured base, depressed at the centre, and somewhat elevated towards their edges. Should the scales themselves be examined intimately, they will be found to present certain peculiarities dependent upon their pathogenic origin, and which may materially serve in doubtful cases to differentiate the diagnosis of both affections. While the scales of the simple form may be removed or fall off in comparatively large and coherent flakes, showing that even in death or their caducous state they still retain the impress of vitality, those of the syphilitic variety crumble into a shapeless, furfuraceous powder. It would be, it seems to me, an interesting subject to investigate, and one perhaps of great importance, as well in a histological as a pathological point of view, to see whether the epithelial cells of that portion of the rête Malpighii immediately involved in the eruption differ in shape or volume from those of the sound mucous layer of the epidermis. Perhaps, as in the case of the corpuscles of Lostorfer, they, too, may reveal traces of organic deformity in their natural configuration.

The form of psoriasis (so denominated by dermatologists) affecting the palms of the hands (psoriasis palmaris), and commonly called "grocers' itch," I believe to be a misnomer in every sense of the term. It has nothing in common with the eruption of that name, if we except a scabrous condition of the epiderm, and, if possible, bears less analogy to the one with which it is popularly confounded, save the intolerable pruritus which frequently accompanies it. The scales, instead of being superincumbent or acuminated, as in all forms of psoriasis, are flattened, irregular, generally defined by the creases of the hand, and are sometimes imbricated, somewhat after the manner of those in ichthyosis. That the disease is a species of chronic eczema, I have little reason to doubt, both from the characters just mentioned, as well as from the fact that it is quite amenable to topical treatment alone. Now this cannot be said, so far as I am aware, of any variety of psoriasis, whether common or specific. The vesicles, which were the affection located in almost any other region of the body, would not fail to be formed and run their ordinary course, are here early compressed, aborted, in a word, from the friction unavoidably exerted upon them. Hence the pseudo-squamous appearance they assume, and the error in diagnosis necessarily arising from it.

My desire for diffusing correct views on the diseases in question is the only adequate apology I can offer for trespassing so far upon your valuable time and space.

Yours truly,

November, 1872. XENOS.

RAILWAY ACCIDENTS AND MEDICAL ETHICS.

Dr. Gimson.—A heavy responsibility rests on all medical men who create quarrels on points of medical etiquette; and the responsibility is greatly increased when a public catastrophe is the occasion of such quarrels. Medical men should quietly suffer a little wrong rather than act in a way that may lead the public to fancy that doctors, on the occurrence of a railway accident, lose their mutual politeness in their eagerness to get patients. When a railway accident happens, medical men should repair to the spot with as much alacrity as possible, do all the good they can to anybody, and afterwards agree quietly amongst themselves as to their patients. All of them cannot continue to attend each case. But the railway company is not likely to refuse proper remuneration for services rendered. In regard to this particular quarrel, the principle of a friendly understanding seems perfectly simple. Dr. Gimson was on the spot at the time of the accident, and had actually with other medical neighbours attended to the patient in question for hours, it would seem, before Mr. Tomkins and Mr. Salter arrived. It is not necessary, and in a case of railway accident not practicable, to stay continuously with one patient. According to Dr. Gimson's account, he had the right to attend the patient given by first attendance, by the patient's own request, and by a telegram from the railway company. Dr. Gimson's statement is too long for publication. Besides, the letters it includes are not calculated to adorn medical literature. It is lamentable to think that a similar correspondence has been published in the local newspapers.

Clericus.—If our correspondent will write a legible letter, we will give it attention.

THE WATER-SUPPLY OF LEAMINGTON.

To the Editor of THE LANCET.

SIR,—I cannot allow Mr. Maberly's letter of last week to go unanswered. I have up to the present time taken no notice of his or his friend's letters; but as he now writes in a medical journal, I shall lay the case before the profession. In doing so allow me first to reply to his letter. I, like himself, wrote to correct your error as to the length of time Ellen Sarah Hiscocks lived after her arrival in London; but I fear my letter arrived too late for insertion. He states "she was attended by a surgeon in her own neighbourhood, who professed to understand her case." As I happen to be that surgeon, perhaps you will allow me to give the symptoms I found her suffering from, so that your readers may see my diagnosis was correct, and also that I gave at the outset a correct prognosis. Mr. Maberly also states that "without finding the characteristic rose-coloured spots, or troubling himself to make a post-mortem examination, requested the coroner to hold an inquest upon the case, and allowed this inquest to be held without having the courtesy to inform me of his intention." Now from this anyone might reasonably infer that Mr. Maberly was not present; but the inquest was adjourned for a week on purpose for him to attend, which he did, and was also provided with legal assistance. When I received a summons to attend, I found no order to make a post-mortem examination, and consequently took the trouble to see the coroner about making one before he held the inquiry. He, however, considered it unnecessary. Mr. Maberly writes that two medical men "were present at the inquest, who both state that there was no evidence that she had genuine enteric fever at all." It is quite as well that the profession should know that one of those gentlemen was only a few weeks ago a patient at the water establishment, and the other is a homœopathic practitioner. I am pleased to be able to state that I also, on leaving the inquest, received the testimony of two able practitioners, who were present also, that they entirely agreed with me in my view of the case, and also the verdict of the jury. I may add that Dr. Broadbent, who is physician to the London Fever Hospital and St. Mary's Hospital, on meeting me a few days after the inquest, told me I had done quite right in making the case public. Any medical man who has seen many typhoid cases knows that the rose-coloured spots are not always present at every stage of the disease, and often even absent throughout the attack. The following is the case.

Ellen Sarah Hiscocks, aged twenty-three, lady's maid, having been in the service of the family of General Sir Geo. Laurence, K.C.B., for the last eight years, went to the hydropathic establishment conducted by Mr. Maberly, with her mistress, on Sept. 10th or 12th, but not as a patient. While there, however, she was taken ill with diarrhœa, and treated hydropathically, but, not getting better, was sent home on Oct. 11th by train. Her mother met her at the Paddington station of the Great Western Railway, and found her in an exhausted state, and speechless. A guard assisted her into a cab, and she was taken home. Her mother had prepared some beef-tea, which was given to the poor girl, and afterwards she was able to speak. Mrs. Hiscocks' evidence at the inquest was: "My daughter had been suffering from diarrhœa and faintness at the Arboretum; she had been assisted into bed there several times; she had fainted from the effects of diarrhœa, and the doctor had assisted her into bed; but she got better, and went about again. Dr. Young asked my daughter about the spots or marks, and she said that a bath-woman had told her she had spots on her, and that she was dangerously ill, but she did not wish to alarm her." She also told her mother that, though supplied with wine and biscuits, she had not sufficient strength to take the cork out of the bottle to drink some of the wine. The mother was so alarmed at her daughter's state that I was very quickly summoned to attend her, and found her symptoms as follows:—She was lying on her back in a helpless and prostrate condition, scarcely able to speak, but I could get coherent answers in reply to my questions; pulse 140 to 150, small and irregular; face flushed; countenance anxious and wild; tongue furred, brown, and dry, also tremulous; great heat of body; rigors; pain over abdomen increased on pressure in right iliac region. I ordered her to bed, and on my next visit there was subsultus tendinum, muttering delirium, diarrhœa accompanied with the appearance of hæmorrhage, and her mother stated that she had great difficulty in keeping her daughter from trying to get out of bed, or quieting her, and she had been talking nonsense. I had no hesitation, with these grave symptoms, in giving an unfavourable prognosis of the case. She lingered on until early on Sunday morning, and then expired. The next day her mother called on me for a certificate of death, which I gave her, adding "that this patient was sent from Leamington on October 11th, whilst suffering from typhoid fever." Mrs. Hiscocks complained of the treatment her daughter received, and the state in which she was sent home, and asked if there was no remedy. I said, "If you are dissatisfied, go and mention the circumstances to the medical officer of health; I certainly think it a proper case for inquiry, and consequently have added that remark to the certificate. She went, and I afterwards received a summons to attend the inquest, which was to be held the next day. The inquest was adjourned, as I have stated above, for Mr. Maberly to give evidence; and the jury, sixteen in number, after hearing all the evidence, unanimously returned the following verdict:—"That Ellen Sarah Hiscocks was found dying and did die from the mortal effects of typhoid fever, and that her death arose from natural causes." The Coroner said: The jury wish me to add the following appendix:—"That, in the opinion of the jury, the proprietor of the Arboretum at Leamington has not used sufficient judgment in the removal of the deceased, and that ample evidence has been given that the water-supply of Leamington is in a most unsatisfactory condition."

One word, in conclusion, as regards the water-supply. Since the inquest there has been abundant evidence by analysis that the water is unsatisfactory, and one need not go far to ascertain the cause of typhoid fever in the town; but let your readers pay particular attention to Mr. Maberly's opinion on the water-supply of Leamington producing typhoid fever, expressed in a letter to the *Leamington and Warwickshire Chronicle* thus: "There was nothing to connect the water-supply of the town with typhoid fever. It has never been known to produce it, nor is it probable it could do so." I feel certain that, though this may be his opinion, it is not endorsed by the medical profession. Your obedient servant,

Delamere-crescent, W., December 2nd, 1872. E. PARKER YOUNG.

To the Editor of THE LANCET.

SIR,—An article in your journal last week states some matters which require correction. The servant who was removed from Leamington to London is said to have died forty-eight hours after her arrival there. This is incorrect, as she expired nine days after her removal. The responsibility of typhoid resting on Leamington has no foundation in fact, for typhoid does not exist to any extent in the town; there are a few cases confined to lower parts, inhabited by humble people dwelling in houses which are some of the oldest in the town. At this season of the year there are few towns as free from fever as this town has been during this autumn quarter; and if one case of fever in a town is to be sufficient to raise a cry against its sanitary state, then I fear very few places will be stainless. A glance at the Registrar-General's report for the last quarter will show this. Dr. Letheby, in his analysis of the water, reports it as a wholesome water, and attributes the organic matter in it to vegetable origin, and consequently harmless as a source of fever. Dr. Letheby may well report it harmless, as half the population have been drinking the water as now supplied for the past twenty years, and no case of illness has ever been traced to its use. I am not aware that typhoid fever has ever been traced to the use of a town-supply of water, while numerous cases have been reported caused by sewage contamination of private wells. There cannot be much material change in the state of the water, for an analysis made by Dr. Swaine Taylor eighteen years ago closely corresponds with that of Dr. Letheby; in both the solid residue is given at thirty-six grains per gallon. Frankland's analysis of the water as supplied to the town was probably of water contaminated from some local cause. The well referred to of Mr. Jones has been in constant use ever since, and no illness has resulted: besides, too, Mr. Jones, frightened by Frankland's report, had the water analysed by Professor Redwood, who gave a most favourable report. Private wells are often impure from a faulty condition of drains near, and are no doubt causes of fever.

You seem to conclude that the inhabitants have doubts about the purity of the supply, from their resorting so largely to pumps. There are several causes for this. First, Leamington is situated on a water-bearing stratum, which at ordinary depth supplies water in abundance; secondly, we had no waterworks when the old town was built, and private wells were then the rule; thirdly, the houses are for the most part leaseholds in the hands of absentees who will not go to the expense of laying on the town water; and, lastly, the residents have been generally so free from zymotic diseases that you cannot persuade them that the wells can be bad. The new houses in the town are, as a rule, supplied with town water, and no case of typhoid fever has been reported in them. The few cases that have occurred are all in houses with a private supply, with one exception, which is not to be wondered at, as this house is situated on the canal side, and has a large untrapped drain in the kitchen. The cause of the few cases now existing is, no doubt, sewage gases finding access to houses in a very imperfect sanitary state.

You represent that the river Leam receives the sewage of Southam. This is incorrect, as there are sewage works there, and it is only the outfall, after passing several filters, which is discharged into the river Itchen, a tributary of the Leam. The actual water distance is twenty-six miles and a half, the stream sluggish and much encumbered by reeds and vegetation; so that almost the whole organic matter received by the river must be oxydised before reaching Leamington. No other place on the river has any system of drainage, so the river cannot be said to receive more than the ordinary drainage from the banks. The drainage of the town itself, save in a few details, which are daily being made right, cannot be much improved, seeing that the whole of the sewage is daily pumped up to the Warwick Farm, leaving the culverts empty. Your suggestion that the use of well water should be prohibited is impracticable, as private wells cannot be interfered with.

In conclusion, you seem to think that Leamington requires to be re-established in public favour. I trust the town has never deserved to lose that favour, and I have every confidence that the Local Board of Health will continue to maintain the high state of sanitary pre-eminence which has hitherto made "Leamington the healthiest of the healthy places of England." Yours truly,

December, 1872. JAMES THOMSON, M.D.

*** We cannot insert any more letters on the above subject.—ED. L.

A CASE OF DISTRESS.

THE sister and nieces of the late Dr. James Laidlaw, who are in destitute circumstances at Margate, and who appealed to the profession for help in our number for October 26th, write to say that if they could now obtain £10 it would relieve them of a great embarrassment on the score of rent, and enable them to go into a small cottage rent and taxes free.

A Sarcous Element.—We think our correspondent had better take the advice of some medical friend on the subject he has referred to us.

THE CANADA OF CHINA.

DR. JAMES WATSON, in his Report on Newchwang, published in the *Customs Gazette* for the quarter ending March, 1872, gives some interesting particulars regarding the people of this province of North China. They are true Chinese, using the same language, dress, and customs that prevail in China proper. There are several Manchu villages scattered over the province. The Chinese and Manchus, however, intermarry freely. The province has to a great extent been peopled from Shantung; it is, in fact, the Canada to this and other overpeopled regions of China. The inhabitants are a peculiarly fine race of people: frank in manner, sober, industrious, and brave. It would be difficult to find, Dr. Watson declares, a finer race of men. In summer the boatmen go about perfectly naked; and "I had no idea," remarks Dr. Watson, "that naked man was so beautiful until I saw these strong-limbed, broad-chested fellows straining their muscles until they became sharply and clearly defined beneath the skin." They have given China rulers, and are potentially a great people, who will probably exercise a considerable influence in the future. Nine-tenths of them live principally upon millet, with rice and small quantities of animal food and fish. They drink a coarse spirit, but it is very rare to see a Chinaman drunk. Dr. Watson says that during seven years' residence in the province, and in frequent visits to many cities, he has not seen more than seven Chinamen drunk, and never a Chinawoman.

Dr. Hooper's letter on Materialism shall appear shortly.

A LAWYER ON GERMAN DEGREES.

To the Editor of THE LANCET.

SIR,—May I ask a little space in your journal for a few remarks on German degrees, more especially as an unprejudiced person, and one who has travelled a great deal. We are essentially a conceited nation, and frequently think everything of ours the best. I see by chance in your editorial remarks to a letter that the value of a degree is judged of by the number of those rejected at the examination. Can this be the case, I ask, as regards the University of London degree as compared with those of the two great Universities? for I apprehend that in the eyes of the general public, were the London examinations ten times as difficult, and twice the number of men rejected, the London degree would not occupy so high a place, although it may do so in the eyes of the medical profession. Again, the refusal to register certain degrees and diplomas appears strange when it is a fact that nearly three-fourths of the Fellows of the Colleges of Surgeons possess a diploma by paying £15 for it, and without any examination at all, and this fact is well known to the Faculté de Médecine de Paris, which does not sell its degree, but requires even an Arts degree above that of a B.A. before admission to examination at all. Am I not right in reminding you that the Royal College of Physicians of Edinburgh, as late as 1863, gave its Fellowship to men who had been in practice a certain number of years, and were recommended, charging a large fee. I think also that the same was done at the London College for a short time, and disapproved of by you; but on this point I cannot speak positively. These F.R.C.S. titles and others, although bought, I must again remind you, are allowed to be registered. Am I to presume because they are English? At a dinner at Exeter lately I heard a member of a learned profession deliberately state that a German degree was better than a Scotch one, citing three of the best—viz., Bonn, Heidelberg, and Berlin. Now, these three are celebrated for special subjects all over Europe—Bonn (Prince Consort's University) for Philosophy, Heidelberg for learned Law, and Berlin for Medicine and Chemistry. Berlin men think very well of Giessen (Liebig's University); while Heidelberg and its neighbour Erlangen for Law are also on most intimate terms of friendship. Heidelberg also for Medicine stands high in the estimation of Europe, and anyone thinking he could get a degree of any kind without examination, and a good one, at these Universities is most grievously mistaken. I believe Jena stands lowest; and yet when this University conferred a LL.D. on three of our great statesmen as an honour a short time ago, many of the English journals (yourself, I think, among the number) put it down as an honour also. As far as regards medical degrees, a recipient of one of these is now a M.D. of the German Empire, which is most strict in its rules, as Prussia always was with her Universities, Bonn and Berlin. The conferring of American degrees without examination has probably done much harm; but as it is not knowledge alone that is required by British Universities (London excepted), but a man's large fees and residence, many cannot give one or the other.

I apprehend that on fairly judging of matters, if comparison be allowed between say St. Andrews and Bonn or Heidelberg, in the eyes of Europe the two latter will certainly not lose by such comparison, and that the public is not likely to value and respect less the new Lord Justice Hannen because he hails from the University of Heidelberg.

Yours obediently,

November, 1872. A WELL-WISHER TO ALL LEARNED SOCIETIES.

M.B. (Glasgow.)—1. It will depend very much upon the size and character of the room and the surroundings of the house itself. We could not advise without having the plans before us.—2. It cannot be renewed more than six times in the hour without producing draughts.—3. Unquestionably there should be such openings.

A. K. C.—A druggist is not *legally* bound to serve in the night or at all times; but he is morally so in cases of urgency. The remedy for a disobliging druggist, who studies only his own comfort, would be a competitor.

THE ACCIDENT TO SIR DONALD M'LEOD.

To the Editor of THE LANCET.

SIR,—In *The Times* of this date it is stated, in reference to the above, that "it would be easy to devise means for lifting such steps in order to reach the wheels and grease-boxes." This might be done by following the suggestion mentioned in your "Influence of Railway Travelling on Public Health," edited by my late husband, Dr. S. G. Wright:—"The expedient of a step opening with the door, as in a well-finished brougham, might be adopted."

Your obedient servant,

Hartford Cottage, Winchfield, Dec. 5th, 1872. LOUISA WRIGHT.

A GOOD EXAMPLE.

THE Board of Guardians of the Chipping-Sodbury Union, Gloucestershire, at their last meeting voted unanimously a bonus of £30 to one of their medical officers, Mr. J. Cox, for his extra services during a recent severe outbreak of enteric fever at Hawkesbury Upton, and also a cordial and handsome expression of thanks for the manner in which such services had been rendered. We congratulate MR. COX, but regret that his step-daughter, Miss Abercromby, of only twenty-two years of age, fell an early victim to the epidemic.

Rusticus.—1. Five-and-twenty guineas.—2. A guinea if the visits are frequent; more if only occasional.

Mr. John Russell.—The Royal Medical and Chirurgical Society.

PASSAGE OF A FOREIGN BODY THROUGH THE INTESTINES.

To the Editor of THE LANCET.

SIR,—Some time ago Sir W. Fergusson published an account of a remarkable journey performed by a gold pencil-case through a patient of his, who swallowed it for the purpose of self-destruction, but was but little inconvenienced during its transit from mouth to anus, and who recovered without any ill-effects. The following case is also remarkable; but it occurred not in the human subject, but in a pointer dog of my acquaintance.

The dog was of the ordinary size, and was chained to a post by the gamekeeper for the afternoon. During the absence of the gamekeeper the dog managed to slip his collar, and whether from unhappy suicidal tendencies or hunger I know not, but he swallowed the collar, after imperfect mastication, with the chain attached. The chain and collar were missed, and the dog for many days was very ill, refused his food, and became very thin; but the absence of the collar and chain was not associated with the illness of the dog until the keeper found one end of the chain hanging outside the dog's anus. He took hold of it and drew out the chain, which was a yard long, and the links were about an inch long; the chain had a snap loop at one end, where the collar was attached, but the collar was gone. At the other end of the chain was a cross bar, which was more than two inches long. The case ended in the complete restoration of the dog to his usual health and spirits.

Yeovil, November 9th, 1872. Yours truly, W. A. HUNT, M.R.C.S., &c.

An Anxious Mother is not by any means singular in the complaint she makes of finding a book belonging to one of the advertising fraternity in her son's trunk on his return from school, to which place it had been forwarded for his edification. No end would be answered by our giving publicity to the fact; but she might call the attention of the master to the pamphlet with a view to his consulting the police in the matter.

Dr. Pantaleoni's (Director of the Medical Hospitals at Rome) letter shall receive attention.

THE DRUITT TESTIMONIAL FUND.

MR. HAYNES WALTON, the Treasurer, begs to acknowledge the receipt of the following subscriptions since Wednesday, the 27th of November:—

	£	s.	d.
Dr. Du Lac Hérault	21	0	0
Dr. Bissett Hawkins	10	10	0
Mrs. Prescott Hewett	10	10	0
Mr. R. B. Oakeley	10	0	0
Mr. George Lawson	5	5	0
Mr. W. E. Brodhurst	5	5	0
Dr. W. T. Gairdner, Glasgow	5	5	0
Messrs. Auld, Burton, & Co.	5	5	0
Mr. Wm. Acton	5	5	0
Mr. John Wood	3	3	0
Mr. Liebreich	3	3	0
The Earl of Cawdor	2	2	0
Dr. J. B. Sanderson	2	2	0
Mr. A. Norton	2	2	0
Mr. Fleming, Brighton	2	2	0
Dr. W. S. Playfair	2	2	0
Dr. W. Farr	2	2	0
Messrs. Hedges & Butler	2	2	0
Mr. W. Jonson Smith, Greenwich	2	2	0
Dr. Peter Allen	2	2	0
Mr. E. Lund, Manchester	2	2	0
Dr. Cahill	2	2	0
Dr. E. A. Parkes, Southampton	2	2	0
Dr. John Macpherson	2	2	0
Mr. T. B. Curling	2	2	0
General Gascoigne	2	2	0
Mrs. Gascoigne	1	0	0
Mr. C. Vasey	1	1	0
Dr. Cooper Rose	1	1	0
Dr. Robert Barnes	1	1	0
Mr. Henry Harris, Redruth	1	1	0
Mr. A. Browning, Lewes	1	1	0
Dr. W. Pretty	0	10	6

The name which appeared in last week's list as Dr. P. Allen should have been Dr. John Allen.

Subscriptions may be sent to the Treasurer, Mr. Haynes Walton, 1, Brook-street, Hanover-square; the Secretary, Mr. A. Norton, 6, Wimpole-street; or placed to the account of the "Druitt Testimonial Fund," Union Bank, Argyle-street, Regent-street. Amounts received will be acknowledged in one or more of the medical journals.

Sero sed Serio.—The statements and implications contained in our correspondent's letter are so grave, and may involve such serious consequences, that the subject cannot safely be discussed in our columns until the facts of the case have been accurately verified.

A Junior.—The powder is of no therapeutic value.

DISLOCATION OF HUMERUS.

To the Editor of THE LANCET.

SIR,—In cases of dislocation of the shoulder where the head of the humerus takes a downward or forward direction, the surgeon, when proper assistance cannot readily be obtained, not unfrequently experiences considerable difficulty in making sufficient extension to enable him to reduce the dislocation. In operating on muscular patients with large wrists, his hands and forearms often become cramped and powerless if extension be long sustained. Having tried the following plan I think this inconvenience may be obviated:—The patient being placed in the usual position, a round towel is hitched on his arm just above the elbow; the surgeon, placing his heel in the axilla, passes the disengaged loop over his head and shoulders, when, drawing his body backwards, he is in a position which enables him to use far more powerful extension than if he merely held the patient's wrist in his hands, while at the same time the latter are perfectly free to move the limb in the proper direction when the head of the bone is sufficiently disengaged. I am not aware whether this method has been tried before.

Yours faithfully,

Minster, Sheerness, Nov. 28th, 1872. G. BLAND, L.R.C.P. Ed., &c.

M. RICORD AT CONSTANTINOPLE.

THOSE patients who desired to consult this eminent syphilographer in Paris last October were disappointed, being informed that M. Ricord, with his friend Demarquay, had started for Constantinople. Of course everyone surmised that some person of very great importance required the services of these two renowned men, though nothing positive has transpired on the subject, leaving the public free to make surmises. Messrs. Ricord and Demarquay have returned from the East, and the former is now publishing in the *Union Médicale* a series of humorous letters, describing the journey, and full of the writer's lively wit and good-natured sarcastic touches.

Mr. D. Watkin Hughes.—We cannot give our correspondent the information he desiderates. The questions are non-medical.

An Ear Sufferer.—No payment is required from out-patients.

PROFESSIONAL SUICIDE.

To the Editor of THE LANCET.

SIR,—I quite agree with the writer of the article in your issue of Oct. 26th. The druggist in many country towns not only treats patients surgically and medically, but even pays gratuitous visits. It is a very general usage for the lower and middle classes, farmers, and small tradesmen, to first apply to the chemist, who prescribes for them, taking his ready-money fee as long as it is forthcoming, or until the case assumes a threatening aspect; then turning it over to the medical man, who has to wait several years for his money, or in many instances is not paid at all. There is an increasing disposition among general practitioners to consider it *infra dig* to dispense their own medicines, which from time immemorial has been one of our privileges. Is it not sufficiently difficult for us to obtain a livelihood under the now existing custom of charging for visits and medicines that we should desire to discontinue the latter, and trust only to the former. In my experience of general practice I have found it most difficult to regulate the number of visits to the satisfaction of patients; for it is the exception where the medical man is left to judge of the necessity or otherwise of watching the case, being frequently requested not to call again unless sent for. There is a universal dislike to remunerate the general practitioner for his attendance, but a ready willingness to pay for the medicine, which to my thinking is a strong argument in favour of the old custom. "A Cambridge Graduate," writing on the subject in THE LANCET of Nov. 2nd, is evidently of the same opinion. His experience of the behaviour of consultants is much to be deplored; but I venture to hope that he has been simply unfortunate in his selection, and that such conduct is the exception among that high class of practitioners, whose duty it should be to set an example to their humbler brethren. I cannot, however, undertake to say I have never smarted under the infliction of like treatment. There are, doubtless, black sheep in every flock, consultants included; but I believe the majority of those holding the position would scorn to act otherwise than in the most straightforward and honourable manner. The great fault among general practitioners is the want of combination. If only the same spirit of generosity and fairness were cultivated and exercised among ourselves that we expect to receive at the hands of our seniors, we should not only stand far better in the eyes of the public, but would be enabled to stand our ground and resist the ungenerous behaviour of those who do but usurp the position and tend to disgrace the body of highly cultivated gentlemen who occupy the highest ranks of our noble profession. It is these mean-spirited men who profit by and encourage the petty jealousies too long existing among ourselves—a jealousy which tends to prevent the very object we desire to obtain—viz., a better position for ourselves in the eyes of the public, and considerate treatment from those whom good fortune has placed above us.

The fault begins and ends with ourselves. If we would throw aside all petty jealousies, and work hand in hand upon a uniform remunerative basis, jealously guarding the interests of our profession, and helping each other in that friendly and brotherly spirit becoming an intelligent and educated body of gentlemen, we would, I am sure, find the end achieved which we have so long sought in vain.—I am, Sir, yours truly,

November 25th, 1872. A GENERAL PRACTITIONER.

To the Editor of THE LANCET.

SIR,—"A Physician retiring from Medicine" asks, in your journal of October 26th, "Why, in the name of common sense, should there be less dignity in supplying medicines.....than in the bringing instruments and using them on the part of the surgeon?" The answer may or may not be difficult; but this we know that there is always a want of dignity in connexion with retail trade—a want which is not removed by the fact of a man being educated as a gentleman. I use the word dignity, as I presume does also "A Retiring Physician," in its ordinary sense. It seems to me, writing in the provinces, that our attempt to hold on to the water-bottle is a move in the wrong direction. What we really want is legislation such as will prevent druggists from prescribing; and now that the question of public health is beginning to gain so much attention, we may surely hope that before long some decided action will be taken to protect the public interest, and thus indirectly that of ourselves, in the matter to which I allude. Last week only a child came under my observation who was suffering from chronic ascites (probably scarlatinal), accompanied by ecthyma and extreme exhaustion. By the mother I was informed that this child had been attended during the previous three or four months by a druggist. Cases of a similar nature must be familiar to all your readers. It would seem but a sorry farce to appoint medical officers of health, and at the same time to allow unqualified persons to retain their privileges of prescribing? Cannot we take a leaf out of the book of the German apotheke system? The German apothecary is, I am told, heavily fined for a first offence in prescribing, and for a second like misdemeanour loses his privileges as an apothecary.

With regard to the respective advantages and disadvantages of prescribing purely and of dispensing in practice, it would seem that—even as matters stand at present—in some provincial towns the habit of prescribing answers by far the better among patients of the upper-middle class. It enables the practitioner to charge a higher fee for his advice, and to take, I think, altogether a better status than the surgeon who dispenses medicine—a status which he undoubtedly, as long as ours is a profession and not a retail trade, deserves. Your obedient servant,

A DESCENDANT OF BOSSOLTON,

November, 1872. THE APOTHECARY.

AN APPRECIATED DOCTOR.

FROM the *South Pacific Times*, published at Callao, we are glad to learn that the very valuable services rendered to the inhabitants of that port by Dr. Pierce Mansfield, of H.M.S. *Reindeer*, are fully appreciated by them. Callao, it appears, has been visited by small-pox, and Dr. Mansfield has exerted himself in the most praiseworthy manner in vaccinating large numbers of the community, and also in taking those sanitary precautions which are of such importance in all large cities, and particularly those of South America.

A Volunteer.—Our correspondent has been correctly informed. Mr. Cardwell has announced his intention of revising the regulations affecting the medical staff. Further instructions will be issued in regard to the allowances referred to.

THE communication of *Mr. Richard Greene* (Hayward's Heath Asylum) arrived too late for notice this week.

Mr. W. T. Buck will oblige us by sending the reply he receives.

TREATMENT OF TYMPANITES.

To the Editor of THE LANCET.

SIR,—I have a very obstinate case of tympanites, and have tried the following remedies with but temporary relief: Strychnia, creasote, turpentine, chloric ether, bismuth, &c. Can anything further be done? The patient is a lady over fifty years of age. Yours, &c.,

December, 1872. C. W. C.

A Subscriber.—The first three questions are matters of detail, in regard to which there is much variety of arrangement, according to circumstances. They should all be settled beforehand by contract. If not so settled, there should be an equal division of expenses and profits. It is customary for the in-comer to take the drugs and fixtures. We are not aware of the existence of such a work as that mentioned by our correspondent.

ERRATA.—In stating the diameters of the lead-stylet bougies described by Sir Henry Thompson in his lecture published in our last impression and depicted in Fig. 2, for the word "inches," read "of the English catheter guage."—In Dr. Dudfield's letter on the value of disinfectants in our last issue, p. 804, for "one-*fourth* only has been revaccinated," read "one youth," &c.

COMMUNICATIONS, LETTERS, &c., have been received from—Dr. Barnes; Mr. Haynes Walton; Sir W. Burnett; Dr. Hall, Brighton; Mr. Teevan; Dr. Rogers; Dr. Little; Mr. Wade; Mr. Wickham Barnes; Dr. Hermann, Paris; Dr. Moore, Belfast; Mr. Evans; Dr. Coates, Malvern; Mr. F. Reid; Messrs. Macniven and Cameron; Dr. Rudyard; Mr. Radcliffe, Ballarat; Dr. MacIntyre, New Zealand; Mr. Baird, Daylesford, Australia; Mr. Little; Dr. Kavanagh; Mr. W. Horton, Chatham; Dr. Church, Edinburgh; Mr. Hughes, Wymondham; Dr. Torrance, Maidenhead; Mr. Hunt, Quebec; Dr. Pantaleoni, Rome; Mr. Cresswell, Merthyr Tidfil; Mr. Greene, Hayward's Heath; Dr. Downes, Tiverton; Mr. Keevil; Mr. Russell, Neath; Mr. Buck; Mr. Balmforth; Mr. W. R. Le; Mr. Sharman, Sittingbourne; Dr. Kay; Mr. Holdsworth, Godalming; Mr. Cooper; Mr. Dunn, Shrewsbury; Dr. Hutchison, Kingussie; Mr. E. Price, Warrington; Mr. Hanks, Nuneaton; Mr. Cullingworth; Mr. Carleton, Colchester; Dr. Whitton; Dr. Roberts, Bangor; Mr. J. Abbey, Leeds; Mr. T. T. Blease, Altrincham; Mr. MacDowall; Dr. Iliff; Mr. Sedley; Dr. Le Morni, Turin; Dr. E. Crisp; Dr. St. John, Berlin; Mr. Ramsay; Dr. Dolan, Halifax; Mr. Colston, Wellington; Mr. Dale; Mr. Bonser; Dr. Eade, Norwich; Dr. Bodington, Sutton Coldfield; Dr. Crombie, Brompton; Dr. Garland, Yeovil; Dr. Clay, Birmingham; Mr. O'Brien, Meerut; Mr. Wood, New Romney; Mr. Hine; Mr. Fildew; Dr. Hooper; Mr. Harrison; Dr. Burton, Charleston, U.S.; Dr. Wilson, Chatteris; Mr. James, Snitterfield; Mr. Heywood; Mr. Wyse; Mr. Thomas; Mr. R. Colman; Dr. Russell, Birmingham; Dr. G. Moore; Messrs. Lippincott and Co., Philadelphia; Mr. Coles; Dr. Dudfield, Kensington; Mr. Bennett; Mr. Wintle, Clevedon; Mr. Wharton; Mr. Young; Dr. Hitchman, Cheltenham; Dr. Spilsbury, Gambia; Mrs. H. G. Wright; Mr. Scott; Dr. Bloar; Mr. R. Keene; Mr. J. Aldebert; Dr. Newcombe; Mr. J. Swaine; Mr. Pearce; A Medical Sufferer; Number One; L.R.C.P.; A. Z.; N. B.; Another German Graduate; Fiat Confirmata; A Subscriber; The Secretary of the Anti-Income Tax League; A Militia Surgeon; &c.

Staffordshire Advertiser, Sale and Barter, Bucks Advertiser, Philadelphia Medical Times, East London Observer, Durham Chronicle, Swiss Times, Archives de Physiologie, Yorkshire Post, Monthly Microscopical Journal, West Country Lantern, Mansfield Reporter, Archives Générales de Médecine, Veterinarian, and *Food, Water, and Air* have been received.

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